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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON:

A Monthly Journal

DEVOTED TO THE ADVANCEMENT OF THE KNOWLEDGE OF THE DISEASES OF WOMEN.

Edited by

WINSLOW LEWIS, M.D., HORATIO R. STORER, M.D.,
GEORGE H. BIXBY, M.D.



VOL. VI.
JANUARY TO JULY.
1872.

BOSTON:
JAMES CAMPBELL, PUBLISHER,
18 TREMONT ST., MUSEUM BUILDING.

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HORATIO R. STORER, M. D.
In the office of the Librarian of Congress at Washington.

J. E. FARWELL & Co., Printers, 37 Congress St.

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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. VI.] JANUARY, 1872. [No. 1.

PROCEEDINGS OF THE SOCIETY.

[*Reported by George H. Bixby, Secretary pro tem.*]

SIXTIETH REGULAR MEETING, AUGUST 8, 1871.

THE sixtieth regular meeting of the Society was held on the evening of August 8th, 1871, at Hotel Pelham; the President in the chair. Present, Drs. Lewis, Warner, Weston, Greeley, Hazelton and Bixby, as also Dr. Francois, of Saugus, Corresponding Member.

The records of the last meeting were read and accepted.

Dr. Warner exhibited a specimen of urine from a patient suffering from

ULCERATIVE CATARRH OF THE BLADDER.

He was treating the case by injections of nitrate of silver, by means of a gum elastic catheter.

Dr. Warner reported a case of

ABSENCE OF THE VAGINA AND UTERUS,

it being the third case of the kind he had seen within a year.

Entered, according to act of Congress, in the year 1871, by HORATIO R. STORER, M. D., in the Office of the Librarian of Congress at Washington.

Mrs. ——, aged twenty, native of Germany, consulted him for sterility. She had never seen any sign of her courses, though she had been married two years. Upon examination, the external genitals were found to be normal, but upon attempting to proceed further, a mere fossa, less than half an inch in depth, was found to occupy the location of the ostium vaginæ. A catheter introduced into the bladder came directly into contact with the extremity of the finger within the rectum. Desiring to place the diagnosis beyond a doubt, according to his custom in obscure cases of pelvic tumors, ether was administered upon a later occasion, in company with Dr. Bixby, the sphincter ani ruptured, and the diagnosis fully confirmed by the more extended upward exploration of the pelvis thus permitted.

Adjourned.

SIXTY-FIRST REGULAR MEETING, SEPTEMBER 26, 1871.

The sixty-first regular meeting of the Society was held on the evening of September 26, 1871, at Hotel Pelham. Present, Drs. Weston, Dow, Field, and Bixby. In the absence of the President, Dr. Dow was chosen chairman, pro tem.

The records of the last meeting were read and accepted.

The Secretary read letters from Drs. Kehrer, of Giessen, Hegar, of Freiburg, Schatz, of Leipsic, Dohrn, of Marburg, and Fabbri, of Bologna, Italy, acknowledging their election as Corresponding Members.

The following donations to the library were announced: From Prof. Giambattista Fabbri, of Bologna, his memoirs upon Hydrorrhœa of the Gravid Uterus, and the Oblique-Oval Pelvis, and two volumes of the Obstetrical Review, by Dr. E. F. Fabbri, of the same city, As-

sistant in the Bologna Maternity Hospital; from Dr. W. M. H. Sanger, of Groningen, Holland, his treatise upon Midwifery; from Prof. B. L. Schultze, of Jena, his work upon Midwifery; from Dr. C. Hennig, of Leipsic, his memoir upon the Morphology of the Mammary Glands, together with an extensive table of statistics concerning the same, in a separate folio; from Prof. Otto Spiegelberg, of Breslau, his memoir upon Intra-uterine Medication, also an Inaugural Dissertation entitled the Differential Diagnosis of Cysts of the Kidney and Ovary, by Dr. Romanus von Butkewitsch, of Bykowianz, Russia.

The Secretary presented a paper upon Uretero-uterine Fistula, by Drs. Wm. Alexander Freund and Ludwig Joseph, of Breslau, translated by Mary Safford, an American Medical Student at Breslau, and communicated to the Society by Dr. A. L. Norris, of East Cambridge.

[This paper will be found in this Journal for the present month.]

Dr. Bixby reported a case of retained placenta, in which the removal was successfully accomplished by means of Loomis' Forceps. He could fully endorse Dr. Martin's commendations of the instrument at a former meeting.

Dr. Bixby called the attention of the Society to a charge recently delivered by Judge Bedford to the Grand Jury of the Court of General Sessions of New York City, upon the crime of abortion, and read selections from the same as follows: —

"But a day or two ago the law-abiding citizens of this city were appalled by the intelligence of a murder most cruel in its nature and most foul in its character, making the heart grow sick at the contemplation of such fiendish depravity. This case, with all its melancholy surroundings, will be presented to you for your deliber-

ation. It will require a thorough and searching analysis, as it is a matter which must be investigated and probed to its very core; for the deed itself strikes, as it were, at the very heart-strings of society. I have reference, gentlemen, to that mysterious trunk, which, but a few days ago, was discovered in this city, containing the lifeless body of a young and once happy, but, I fear, most unfortunate girl, the sad victim of treachery and deception, — one who, unfortunately for her own happiness, believed too much. Full of anguish for the past, and in the vain endeavor to screen from the public gaze her delicate condition, in a moment of utter hopelessness and frantic despair she gave herself up, and was robbed of her existence by the murderous hand of the abortionist. And here, gentlemen, are we not irresistibly prompted, in the true spirit of philanthropy, to ask ourselves, can crime so fearful and atrocious be perpetrated in the very midst of a Christian community, embracing within its jurisdiction more than a million of souls, and where the religion of heaven is preached and its holy mandates observed? Ah! the startling, painful fact is too true. If this great city of New York, constituting, as it were, a world within itself, can boast with conscious pride of her churches, her numerous charities, the virtue and intelligence of her citizens, her multiplied evidences of good deeds, she has, too, to drop a tear over the vices and wickedness of many of her children. But I will not detain you. Suffice it to say that of late we have been living, as it were, in an atmosphere of abortion. In one word, the very air is, indeed, heavy with the dark deeds of these heartless and unscrupulous specimens of human depravity. Let the warning word this day go forth, and may it be scattered broadcast throughout the land, that from this hour the authorities, one and all, shall put forth every effort and shall strain every nerve until these

professional abortionists, these traffickers in human life, shall be exterminated and driven from existence, and the majesty of the law be fully vindicated in all cases of this fiendish character. And now, gentlemen, in conclusion, let me express the earnest hope (shared in, as I feel confident it will be, by you and all other right-minded citizens) that the Legislature, at its next session, will so amend the Statute Book that 'any person who shall administer to any woman with child, or prescribe for any such woman, or advise or procure her to take any medicine, drug, substance or thing whatever, or shall use or employ any instrument or other means whatever, with intent thereby to procure the miscarriage of any such woman, unless the same shall have been necessary to preserve her life (commonly known as the crime of abortion), shall, in case the death of such child, or of such woman, be thereby produced, be deemed guilty of murder in the first degree, and punishable as such with death, instead of, as now, but guilty of manslaughter in the second degree, and punishable by imprisonment not exceeding seven years."

At the close of the reading Dr. Bixby remarked, that from a Society like the present, having for one of its avowed purposes the suppression of this deplorable crime, sentiments like those above quoted, coming from so high an authority, must receive the warmest approbation. Presuming, therefore, upon the support of his fellow-members, he would venture to offer the following resolution:—

"*Resolved*, That the Gynæcological Society of Boston has received, with unqualified approval, the charge to the Grand Jury at the Court of General Sessions, by Judge Bedford, of New York, upon the crime of abortion; and as in this great missionary work, to which it

has pledged its aid, it believes in recognizing, fostering, and encouraging every effort in the right direction, from whatsoever source it may come; that it recognizes in this address the advice of a wise counsellor, the opinion of an eminent jurist, and the sentiments of a good citizen and a Christian gentleman, and would, therefore, tender to Judge Bedford its sincere thanks."

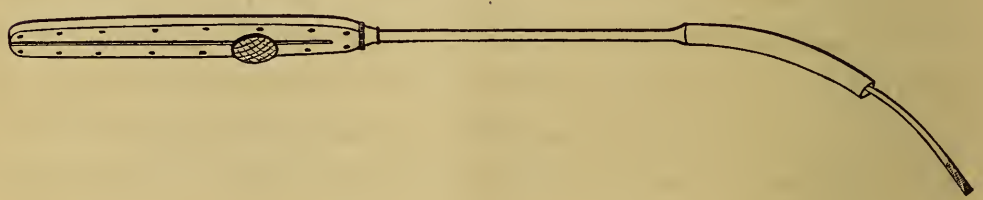
Drs. Weston and Dow both spoke in favor of the resolution. Having been seconded by Dr. Field, it was unanimously adopted.

Dr. Field exhibited to the Society a new instrument of his own invention, which he described as follows : —

" This instrument, which I have called

THE SHIELDED APPLICATOR,

was made for me from a plan of my own by the Surgical Instrument-makers, Leach and Greene. It may be simply described as consisting of two parts, which, however, are not to be separated except occasionally for the sake of cleaning. The first part is an ordinary applica-



tor of wrought iron, terminating in a screw extremity, to which the cotton designed to receive the liquid for application is attached. The second part of the instrument consists of a tube, provided with handle, within which, throughout its whole extent of both tube and

handle, the portion of the instrument first described lies concealed. The tube is of about the size, and is of the shape, of an ordinary uterine sound, except that, from the commencement of the curve to its further extremity, it is expanded into nearly double calibre. The handle is provided with a slot, along which rides a cheeked button attached to the nearer end of the rod, and which serves to protrude or retract the applicator. The instrument is to be used as follows: Pushing the button along the slot for about the length of an inch, the screw end of the applicator appears to a corresponding extent beyond the further extremity of the tube. The cotton and liquid for application having been applied, the rod is again, by means of the button, drawn within the chamber. The instrument is then applied, with the forefinger in advance, in the same manner as the uterine sound. Having found the orifice of the womb, the application can be made to any depth desired, — the thumb of the left hand pushing the button forward. By carefully drawing back the rod within the chamber, while the extremity of the tube is still held firmly against the mouth of the womb, the caustic, or alterative, is applied without the possibility of involving any part of the vaginal walls.

"The principal object of the shielded applicator is to dispense with the speculum. In the large majority of cases requiring continued treatment, in which the latter instrument is used, its only purpose is to protect the vaginal wall from contact with a liquid which is solely designed for the cervical or uterine cavity. Such end is as surely secured by the employment of the new instrument alone as it is by the conjoined use of the common applicator and speculum. My instrument thus saves considerable time to the operator, and spares the patient what is often by far the most painful or the most dis-

agreeable part of the operation, namely, the introduction of the speculum. It is seldom that we require an ocular inspection of the os uteri after our first examination, unless the disease be wholly or in part exterior to the womb; and, in the large majority of cases, all we desire is the most ready method of carrying our reagent within the cervical canal. It should be remarked that the curve of the instrument, as ordinarily held, is chiefly adapted to conditions of flexion, whether forward or backward; still, should the axis of the uterus be normal, and that organ be not displaced, we still make our application with ease by considerably elevating the handle.

"There are a few cases in which I have found the instrument under description the only available means of making the application desired; and indeed it was a failure in the use of the common instrument that originally led me to devise the shielded applicator. Occasionally we find the mouth of the womb congested, or the organ hypertrophied and fallen forward, so that the orifice actually rests upon the posterior vaginal wall. In using the speculum it is necessary, in order to bring the os within the field, to draw the neck of the womb downward and forward so that it approaches its normal position. Thus the canal of the cervix is sometimes made so tortuous that, — especially when the tissue of the cervix is of that quasi-cartilaginous character that it sometimes assumes in disease, — it is very difficult, if not impossible, to pass the sound or applicator to any depth. Such cases are readily disposed of by the use of the shielded applicator, which, dispensing with the speculum, is employed without necessity of change in the position of the os."

Adjourned.

THE WANDERINGS OF A CASE OF REFLEX INSANITY IN SEARCH OF A PROPER DIAGNOSIS AND TREATMENT.

By John G. Blake, Boston.

[*Read before the Society, November* 21, 1871.]

Harriet Wolsdenholme, aged twenty-nine, born in England, was well till the age of nineteen. At this time, after attending a religious revival, which caused great nervous excitement, the menstrual function became interrupted for four months. She now noticed swelling of the abdomen, chiefly in hepatic region and epigastrium. She entered the Suffolk Royal Infirmary, and was under treatment nine months without any benefit. After discharge, was treated at some public dispensary with a like result. Said the doctors thought she had hydatid tumor of liver. Two years after first appearance of tumor, had an attack of mania, which took the suicidal form, and for which she was admitted to the West Riding Asylum, where she remained two and a half years. After discharge — the tumor continuing — said she was admitted to Guy's Hospital, and remained an uncertain period, but was not benefited.

Came to this country between three and four years since. While working as a domestic in this State, made an attempt to destroy herself by taking laudanum, her life being saved with difficulty. Went to New York and entered Ward's Island Hospital, where she remained three months, but experienced no relief. Soon after was admitted to St. Luke's. According to her own statement, she was there made the subject of a consultation by the staff, and was etherized. This was followed by complete collapse of tumor. She insisted that

an operation was performed, the exact nature of which I have not as yet been able to ascertain,* — probably an exploratory section or the simple introduction of an exploring trocar. Her condition was not improved, and, the tumor reappearing, she soon after sought relief at the Massachusetts General Hospital in this city. Her stay here was brief, little in the way of treatment being done, — as little was possible. She was again etherized, and, as before, the "tumor" collapsed.

April 8th, 1869, entered City Hospital, and the account she gives of herself is as follows: —

* The following is the report that I have since received from St. Luke's Hospital: —

"160 W. 23d St., N. Y., Nov. 24th, 1871.

. . . . "Hattie Wolsdenholme came into St. Luke's Hospital, 27th of October, 1865. She gave a very plausible statement, as follows: She had been examined at the Birmingham Dispensary, England; diagnosis, Hydatids of Liver. This diagnosis was afterwards confirmed at Guy's Hospital, London, at Mass. Gen'l Hospital, Boston, and at the Emigrant Hospital, Ward's Island, N. Y.

"November being my month of service, when I went on duty, and had heard this history, I had her transferred to the surgical side, under the care of Dr. J. L. Little. Accepting the probable accuracy of diagnosis, as related by herself, Dr. Little called a consultation of the medical and surgical staff, which was pretty fully attended, but I was absent from New York. I am told that at this consultation there was general agreement that it was a case of Hydatids of the Liver, — Dr. Delafield alone expressing his doubts, and suggesting 'Phantom tumor.' She was etherized, and the tumor disappeared. It was then proposed that an issue with caustic potash should be made over the site of the tumor, in order to cause adhesions, should a hydatid tumor really exist, which would render it palpable, and make surgical relief possible.

"The issue was made by Dr. Little, and this was all the operation that was ever attempted on her at St. Luke's Hospital. About four weeks after this, when the issue had healed, there was another consultation, Drs. Little and Leaming only being present. She was examined by the method of auscultatory percussion, and it was found that the lower part of the tumor was formed from infarcted gas in the colon, and a portion of the liver occupied the superior part, which it was believed was kept there *at will*. She was then etherized again, and the tumor disappeared, and careful palpation and percussion showed that there was no abnormal condition of those parts, save a distended colon. She was then sent back to the medical ward for treatment, with a request that the nurse should notice the tumor when she was asleep. But this the patient was too watchful ever to allow the nurse to do. The hospital authorities, finding she had falsified in many things, discharged her. I then requested Dr. Washburn, who was resident physician and surgeon, to write to the different hospitals where she said she had been, and to get their record of her. I am not sure that any answer was received from Birmingham Dispensary. Guy's Hospital answered that they had no record of her. Mass. Gen'l Hospital answered that the house staff had been changed, but the diagnosis recorded on the hospital book was 'Hydatids of the Liver.' Yours very truly, J. R. LEAMING."

Abdominal Tumor. — Hattie Wolsdenholme, aged twenty-five. Present trouble began five years ago, with nausea and vomiting, suppression of menses existing at the time, and the trouble being referred to it. Amenorrhœa continued nine months. Patient now has occasional attacks of vomiting, and almost constantly regurgitates any food (particularly solid) taken immediately after it is swallowed. Palpitation of heart is easily excited. Constant orthopnœa. Constant headache. Frequent pain in small of back, shooting forward to uterine region. Legs become swollen after standing a few minutes. Appetite good. Bowels regular. Catamenia regular, but occasionally omits a period. A large oval tumor in region of left lobe of liver, extending from umbilicus to ensiform cartilage, and upon either side about four inches from the median line, elevated about two inches above surrounding surface. Deep fluctuation detected. Pain, referred to left part of tumor, increased by full inspiration.

The enlargement began five years ago, soon after the vomiting and amenorrhœa referred to, and has increased rapidly during the last six months.

Has taken opium to the extent of ʒ i in ten days for the pain and to procure sleep.

℞. Sol. Morphiæ ʒ vi nocte.

9th. — Slept but little.

10th. — Feels week from want of accustomed stimulants.

℞. Milk punch and milk and lime water.

℞. Ext. Valerianæ fluid. in place of Morphia.

12th. — About the same. Tumor seems enlarged, particularly on left side. Stomachic resonance distinct on left side of tumor; dulness on right side.

℞. Carbonic acid water (for vomiting).

14th. — Etherized. Tumor entirely disappeared, and

in place of tympanitic resonance there was dulness. Per vaginam; uterus healthy.

℞. Morphiæ sulphat gr. ss. nocte subcut. (each day).

18th. — About the same. Headache rather worse.

22d. — About the same. Some pains at sacrum.

℞. Omit Morphia.

Mixt. Assafœt. ʒ i enema, each night.

℞. Lupulinæ gr. xii, each night.

26th. — Transferred to medical side; the report there being as follows: —

28th. — *Hysteria, Abdominal tumidity.*—Hattie Wolsdenholme, aged twenty-five, has been in Guy's, St. Luke's (Eng.), and Massachusetts General Hospitals, and has been supposed to have hydatids of liver. Now transferred from surgical side. About the time symptoms mentioned in surgical record began, i. e., five years ago, patient began to have epileptic convulsions, which now occur nearly every month. Vomiting and regurgitation not now so bad as they have been. No hæmatemesis for three months, but patient passes dark congealed fluid from bowels. Has taken immense quantities of chloroform, and even 48 grs. opium daily. Semi-recumbent, with evident dyspnœa. Looks not unwell. Tongue clean. Appetite poor. Bowels regular. Catamenia regular and not painful. Pulse 80; small. Hands constantly, and feet sometimes, trembling. Eats very little without regurgitation. Great dyspnœa when recumbent. Complains most of tumor as described.

(Surgical examination recorded.)

30th. — Kept abed mostly for four years, and during that time epileptic (?) convulsions. In horizontal posture, hysterical breathing and general perspiration. Tumidity as described, but no distinct tumor. General feeling of resistance and dulness over whole course of ascending colon. Whole abdominal walls tense.

℞. Magnes. citr. ʒ ii, daily.

May 1st. — Declines treatment, and to be discharged as soon as possible.

2d. — Severe epileptic (?) convulsion, and bleeding and foaming at the mouth, lasting about five minutes. Very slight stupor afterwards. Tumor disappeared; abdomen seemed normal.

4th. — Epistaxis about ʒ vi.

℞. Ice and Fl'd. Ext. Erg. gtt x.

5th. — Sitting up, breathing, jerking, and hysterical. Complains of head feeling like lump of lead.

℞. Fl'd. Ext. Valerianæ ʒ ss. p. r. n.

6th. — Sitting up, looking picture of hysteria; netting furiously as usual.

Discharged. Not relieved.

Sept. 7th. — H. W. No employment. "Hospital Pest." A patient with continuous history of aggravated hysteria of nine years' standing. Has been patient of every charitable hospital in England, and New York, and St. Luke's, and St. Joseph's Home of this city also. Fat and robust. All functions apparently normal, yet has been bed-ridden six years at a time. Hysterical sighing, dyspnœa, etc., etc.

9th. — Under ether, no tumor discovered. Vagina and uterus normal. Hymen present.

16th. — Discharged well, as regards tumor, for which she was admitted, but patient had well-marked hysterical fit on 14th inst.

It will be seen that the "tumor" was not her only difficulty, — dyspepsia, spitting blood, epilepsy, or more probably hysterical convulsions, with a host of other symptoms, were present. Every means, medical, moral, and argumentative, were used to convince her of the unreality of the "tumor," but without avail. A propo-

sition to etherize her, so that a padded binder, rendering distention by flatus difficult, might be applied to the abdomen, was indignantly refused, and after three weeks' stay she was discharged unrelieved. From this time to Sept. 10th, 1871, she made the round of the different Hospital Charities and Homes, including the Carney, St. Joseph's, and St. Elizabeth's, until her case was well known by every hospital-attendant in this city. The irrepressible "tumor" always formed her chief claim to admission. She evidently thought that hospitals owed her a living in return for the pathological curiosity she presented, and she exacted it to the utmost extent.

Sept. 5th, 1871. — I find her once more on the books of the City Hospital. Her fame had preceded her, and it was determined to limit her stay to the shortest possible period. In order to satisfy some of the surgical staff who had not met her before, and to ascertain any new features which might have developed since her previous visit, she was again etherized and a careful examination made. As before, the abdominal distention disappeared the moment she lost consciousness. Uterus was found to be perfectly healthy. She was discharged next day, and on the following entered St. Elizabeth's Hospital for women, on Hanson street (under my care), where she had before been once or twice, in other hands. Having a lively recollection of my suggestions as to her treatment at the City Hospital three years before, nothing was said of the tumor then, and indeed no allusion was made to it during the remainder of her life.

She continued to complain of gastric distress, spitting of blood, and "womb disease." I made one vaginal examination, but found uterus, I thought, perfectly healthy. After the first week she took to bed, and became delirious, refusing food, jumping up at night, screaming, and attempting to leap from the window.

It was found necessary, for the comfort of the other patients, to remove her to the upper part of the house, and watch her constantly. One night, during the temporary absence of the nurse, she made a frantic effort to throw herself from a window, and nearly succeeded. It was finally decided to send her to an insane asylum, but the next day she began to develop symptoms of pneumonia, which terminated fatally three days afterwards. I should here say that during her long-continued insanity — which was probably the true disease — she had used freely all sorts of narcotics in large quantities. Menstruation, according to the record of different hospitals, had been tolerably regular throughout. Three weeks before death, catamenia had been present. This fact, in connection with the result of the post-mortem examination, is of considerable importance.

The result of the autopsy, made twenty-four hours after death by Dr. Geo. H. Bixby, is as follows: —

St. Elizabeth's Hospital,
Boston, Nov. 3, 1871.

Report of a post-mortem examination in the case of Harriet Wolsdenholme, aged twenty, made thirty-three hours after death, which occurred at 8 o'clock A. M., Nov. 2d, 1871.

Inspection: Fair state of nutrition; the abdomen distended, with slight post-mortem discolorations; no marks of violence, or cicatrices, upon the surface; mammæ and external genitals normal.

Section: Thoracic and abdominal organs normal, as to position; absence of pathological evidences. In view of the history of the case, the position of the stomach, and its relation with the neighboring organs or tissues, was especially noted. No evidences of old inflammations, such as adhesions, or semi-organized lymph, were any-

where met with. Genital organs in situ. The uterus was slightly anteflexed, and measured one and a half inch in width, by one inch thick, at the fundus. The ovaries were both highly congested, to a degree not possible to be attributed to post-mortem changes; the latter were firmly agglutinated to the pelvic walls by parametritic exudation.

Further examination of the organs in situ revealed such a complete fusion of the ovaries with the Fallopian tubes and round ligaments, as to make a separation of one from the other quite impossible. Upon removal, the cavity of the uterus measured two inches, and contained ʒ ii of thick mucus. The tissue of the organ resisted the edge of the scalpel, not unlike cartilage, apparently firmer than in health. By careful manipulation, a cyst, the size of an English walnut, was found attached to the right ovary; its contents in size, form, color, and consistence, were not unlike those of a scollop. A smaller cyst, in a state of collapse, was found in the left ovary, which had been accidentally emptied during the somewhat complicated dissection. To both ovaries there were a number of minute cysts found attached, the size of a pea, with pedicles one half inch long. Incision into the substance of both ovaries revealed healthy tissue.

Circumstances beyond our control prevented a more thorough examination; enough evidence, however, has been obtained from the cursory one detailed above to account for the most extraordinary symptoms manifested during life.

REMARKS.

This case is an instructive one in many respects, and deserving of remark on two points,—diagnosis, and pathological appearances. In regard to the first, it

will be seen by the very interesting account received from Dr. Leaming, of St. Luke's, — which I have appended in order to make the history more complete, — that hydatids of the liver was thought by the majority of the staff to be the true disease until after etherization. I am not surprised at this opinion after a cursory examination, and hearing the persistent statement of the patient that such was the diagnosis at the several English hospitals. The inhalation of ether literally "takes the wind" out of this, and it is found to have been only wind. Our own experience was precisely the same, — doubting, — till, by the aid of an anæsthetic, our doubts and the tumor were simultaneously removed. The great value of anæsthesia in the diagnosis of cases of this sort, so far at least as the symptom of tumor is concerned, will be seen at a glance.

The second point shows, that, making all due allowance for misrepresentation, exaggeration, and hypocrisy, we have left a basis of disease of sufficient severity to account for most of the symptoms, through reflex irritation. Many a woman has been kept insane for years by less disease than the autopsy showed in this case. Beginning with an arrest of the menstrual secretion, followed by extensive inflammation of the cellular tissue of the pelvis, the result of which is shown after death, we find also extensive disease of both ovaries. Here is cause, indeed, for a case of "*Hysteria*"! The first appearance of the "tumor" dates from the arrest of the catamenia, and this, I have no doubt, was the exciting cause of the perverted feeling and conduct, kept up afterward by disease of the generative organs. Dr. H. R. Storer informs me, that, examining the case two years ago with Drs. Brown-Sequard, Lewis, and Warner, he found evidences of endometritis then existing, and also the remains of old peri-uterine inflammation.

The consideration of cases like this should teach us to exercise charity and forbearance in the treatment of "hysteria" and "spinal irritation." We should not be too quick to condemn as moral obliquity, conduct which is really the result of disease, — disease, too, which only our own ignorance failed to detect and remove.

NEW GYNÆCOLOGICAL INSTRUMENTS.

By J. Stockton Hough, Philadelphia, Pa.

[*Communicated to the Society, and read Nov.* 21, 1871.]

1. *Self-retaining Vaginal, Uterine, and Anal Speculum, combined, for examinations and operations.*— The fact that each month chronicles the advent of a new speculum, is an evidence that the instruments hitherto employed have not fulfilled all the indications which it is thought possible to accomplish in the use of such an instrument; this, then, will constitute the apology offered for again describing another new instrument.

The original intention of the author in inventing his first instrument was designed to impart to the bivalve speculum a parallel expansion, or expansion at base, in addition to the angular expansion.

The application of this principle was intended to prevent the collapsing of the vaginal walls, which takes place when the ordinary bivalve is used.

The upper blade was made shorter than the lower, to correspond with the difference in the length of the anterior and posterior walls of the vagina. Both of these principles were successfully applied, and the instrument presented the appearance shown in the fol-

lowing cuts, Nos. 1 and 2, and was described with the aid of three wood-cuts.*

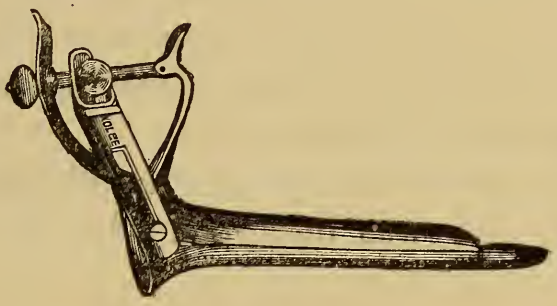


Fig. 1.

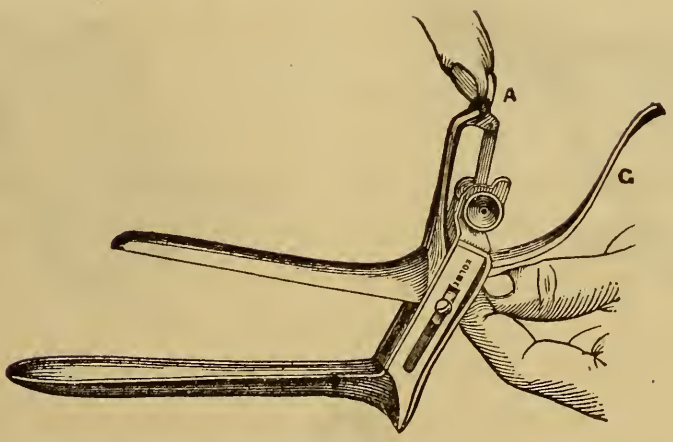


Fig. 2.

This instrument, though excellent in principle, was, however, too complicated in mechanism for the comprehension of the majority, and was consequently modified, so as to become extremely simple in the manipulation of the mechanism, — at the same time preserving the original movements. This was accomplished by substituting a screw for the arc G (shown in the above cuts), to produce the parallel movement, and a screw and loose nut instead of the notched lever and catch A (also shown in the above cuts). Many of these were made and are now in use, and are superior instruments for examinations, but the guides, which are slot-

* Amer. Jour. Med. Sci. for July, 1869, p. 284.

ted, on either side, were in the way for operations; and it was for this reason, principally, that the next modification was made. In the mean time, however, another instrument was devised, *de novo*, in which the above-named objection was overcome, and having a mechanism of different construction.

This instrument is figured in the following cuts, Nos. 3, 4, and 5, and was described with the aid of four wood-cuts.*

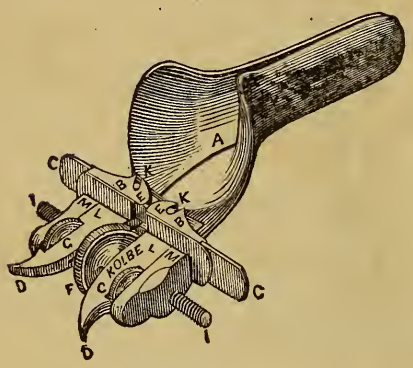


Fig. 3.

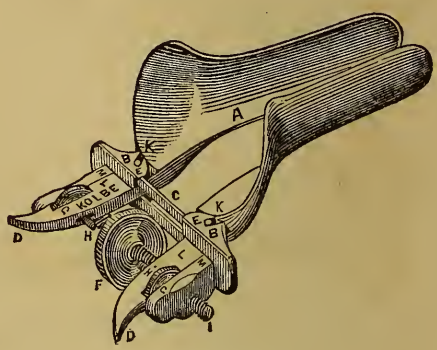


Fig. 4.

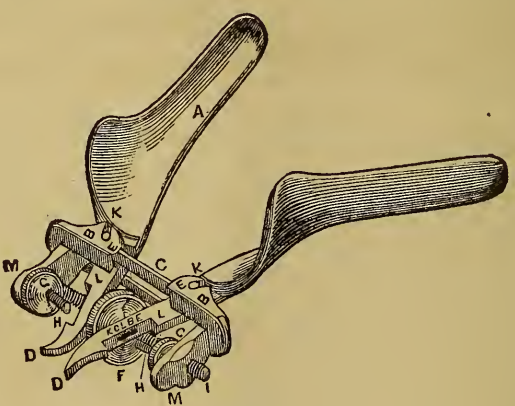


Fig. 5.

This instrument also had the parallel and angular expansion, as may be seen by referring to the cuts. There were three sets of blades, a long and short vaginal set (the former for examinations and the latter for operations), and an anal set; all adapted to the

* Amer. Jour. Med. Sci. for Oct., 1869, p. 409.

same mechanism by simply locking them to slide B, seen in the cut. In this combination we have an instrument which will accomplish all that comes within the range of any bivalve speculum.

The original instrument, Figs. 1 and 2, was next modified in its mechanism by Mr. Gemrig, so as to leave one side entirely free, as shown in the cuts below, 6 and 7.

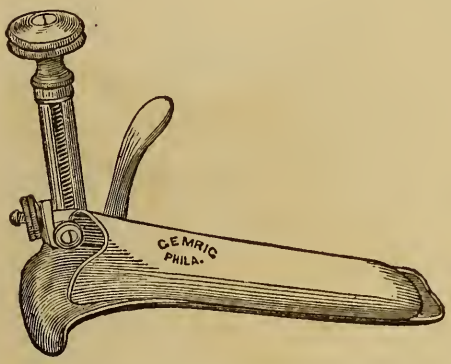


Fig. 6.

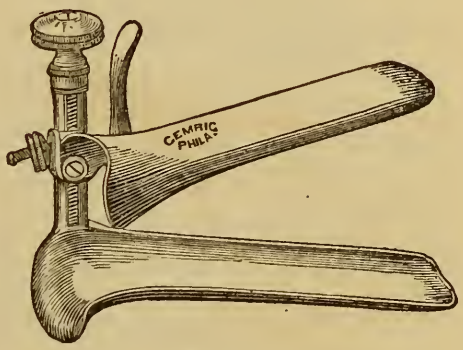


Fig. 7.

This instrument was also perfected by Mr. Kolbe, and presented the appearance shown in the cuts below, Figs. 8 and 9, from which pattern it is also made by Mr. Gemrig.

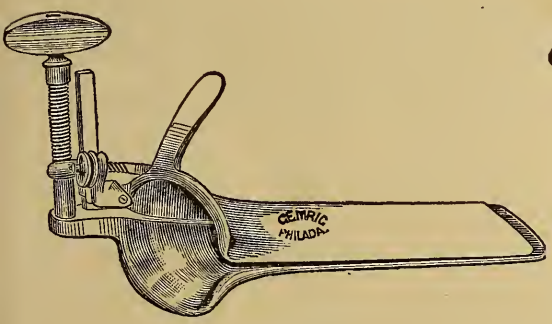


Fig. 8.

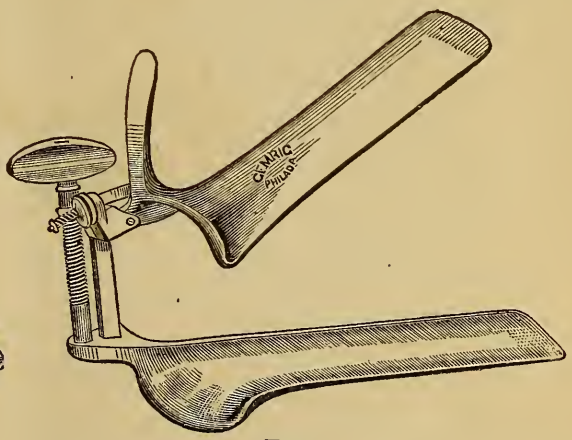


Fig. 9.

Both of these instruments have been extensively used, and for examinations are probably unequalled by any

bivalve speculum hitherto devised. Both were designed for operations as well as examinations, as was the *combined* instrument, Figs. 3, 4 and 5, but it was discovered that a bivalve instrument, when expanded *laterally*, notwithstanding the combined parallel and angular movement, would allow the vaginal walls to collapse, on account of the pressure of the viscera above and below, which was not the case when expanded antero-posteriorly.

To obviate this last-named difficulty, in *other* bivalve instruments, a third (upper) blade has been added, but signally failed to accomplish the desired end, — probably because it was not adapted to the mechanism of the speculum. Again, a distinguished London practioner, Dr. Alfred Meadows,* added a blade to each side of the Cusco instrument, but soon abandoned it, and devised a three-bladed instrument, which in turn finally gave way to his five-bladed speculum, — both of which were described with the aid of four cuts.†

This is certainly strong testimony in favor of a five-bladed instrument, inasmuch as those having respectively two, three, and four blades have not fulfilled the indications nearly so well as those having the last-named number.

To return again to the instrument figured in cuts 3, 4, and 5, we may describe the simplification of the mechanism as made by Mr. Gemrig, and illustrated in the following cuts, Nos. 10 and 11.

The expansion of base is secured by the projecting levers, to which the blades are attached by means of the screw at the extremity, while each blade has an independent angular expansion, secured by the screw near the handle. In this instrument we have a *free*

* London Lancet, Vol. I., p. 125.
† Ibid., May, 1870, p. 692.

open space on *both sides*, which is peculiar to this speculum alone. In antero-posterior expansion this is an advantage, but in lateral expansion, a third (upper) blade would probably be of advantage, *if properly* applied.

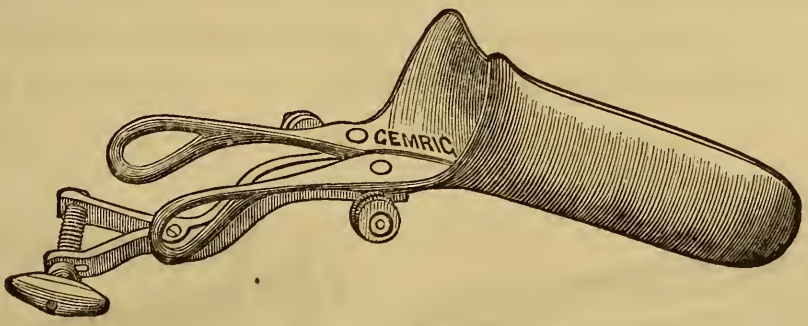


Fig. 10.

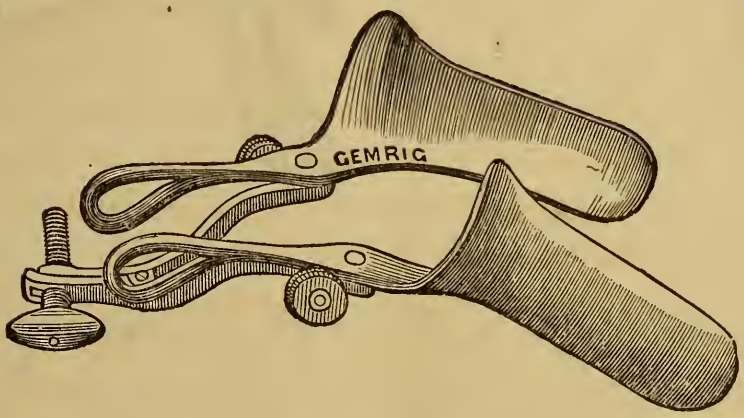


Fig. 11.

Either the long or short set of blades may be used.

That there is an actual necessity for so many (five) blades will be seen from the description of the author's instrument given below. One of the disadvantages of the bivalve instrument when expanded laterally, arises from the fact that the surfaces exposed above and below are equal, while it is desirable to have as wide a space as possible at the point at which you intend to operate. This is obtained by using a narrow middle (upper) blade in conjunction with four side blades, giving an opening of a somewhat triangular shape.

Another fault of most bivalve instruments is the projecting mechanism, rendering an obstruction to the view, and an impediment to instrumental and digital manipulations.

The instrument which is designed to take the place of all the other speculums described in this article is figured below. Figs. 12 and 13.

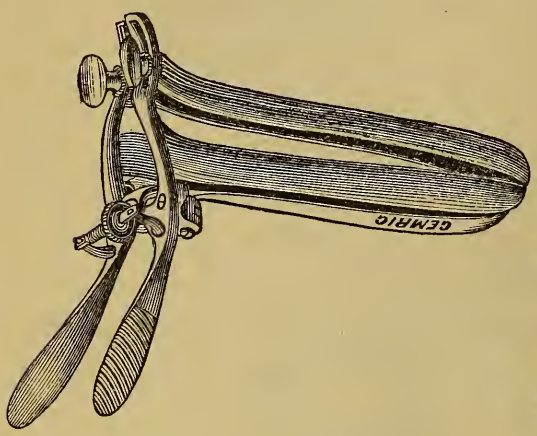


Fig. 12.

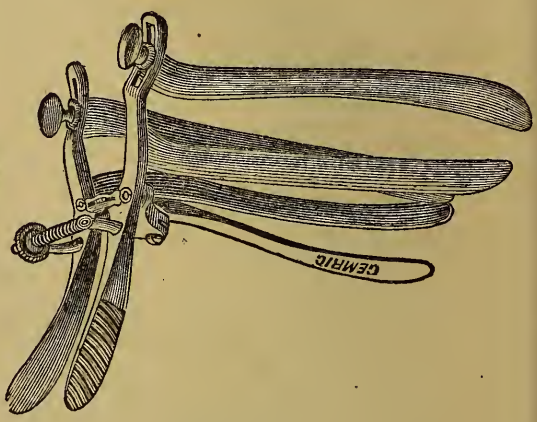


Fig. 13.

It has five blades, two of which are stationary, where they are joined to the handle-arms, while the upper blade expands throughout its entire length, and the two lower side blades are movable in the slots at the extremities of the handle-arms.

The instrument has two motions, — one allowing the angular expansion at the apex, and the other controlling the *angular* expansion at the *base*.

The *upper* (middle) blade is moved and controlled in position by a projection on each of the handle-arms, moving in a slot at the extremity of the blade.

The *upper side* blades are stationary, and are wider than the others, that they may, with the upper blade, form a *trivalved* speculum, when the two lower side blades are removed.

The *lower side* blades are one fourth of an inch longer than the upper side blades, that they may adapt themselves to the posterior cul-de-sac of the vagina. Besides their expansion at the extremity and at the vaginal outlet, they each have an independent movement of half an inch, in the slot seen at the extremity of the handle-arms. The shoulders of these blades move along the slotted *arc*, which latter *increases* the deflection of these blades from the upper side blades, — a slight movement in the slot producing a considerable movement in the extremity of the blade — (three-fourths of an inch in the slot, causing one and three-fourths inches at the extremity). These blades are fixed in any position along the slot by means of the set screws, but are not intended to be used in ordinary examinations, and only where the vagina is very much relaxed, — and are *taken out* altogether where the parts are preternaturally small, leaving a three-bladed instrument, to be used as an *anal speculum*, as well as vaginal, where the vagina is too small to allow of easy introduction when they are in.

The instrument is introduced with great ease, and is expanded by simply pressing the handles H H together, and is secured in position by the nut N, moving on the screw connecting the handles.

This single nut controls the expansion at *base* and *apex* without the aid of any other mechanism, because of the *double joint*, formed by the pivots of the handle-arms and the hinge to which they are attached. By virtue of this peculiar arrangement, the instrument *adapts itself* to the condition of the vagina, — being more or less expanded at base or apex, inversely in proportion to the relative rigidity of that part of the vagina which is in contact with either of these parts. The

speculum owes its *self-retaining* power, in part, to this peculiarity.

This instrument is made entirely of polished *steel*, plated with nickel, and weighs seven ounces avoirdupois.

The blades are one-half to three-fourths of an inch in width, and four inches in length, having the peculiar shape and disposition shown in the cut.

The minimum periphery at apex is equal to the circumference of a circle whose diameter is five-eighths of an inch, at base one inch,— maximum at apex three inches, at base two inches. Where the index finger can be introduced, the speculum will follow with the greatest ease; thus adapting itself to the capacity in any particular case.

The following is a recapitulation of the advantages claimed for this instrument: 1. The peculiar expansion in five different directions, causing equable and uniform distention of the vaginal walls, making it self-retaining; produced by the *double joint*. 2. The narrowness of the blades, displaying a large amount of vaginal surface. 3. Simplicity and compactness of mechanism, a single nut controlling the expansion in all directions. 4. Movable lower blades, on account of which it is adapted to a greater variety of cases. 5. Expansion on *one* side at base, thereby utilizing the largest possible operating space. 6. The peculiar funnel-shaped opening at base, allowing the *free admission of light*, and easy instrumental or digital manipulation. 7. The opening throughout the entire extent of the posterior wall of the vagina, allowing of the depression of the uterine sound in cases of anteversion of the uterus; and rendering the instrument less liable to corrosion from the use of cauterants. Packing the vagina is also rendered easy, and insulation is not required when the galvanic battery

is used. 8. Lightness, contributing to make it self-retaining and less cumbersome to carry. 9. No projecting mechanism to interfere with any operative procedure. All of which contribute to render it applicable to every conceivable case where a speculum can be used.

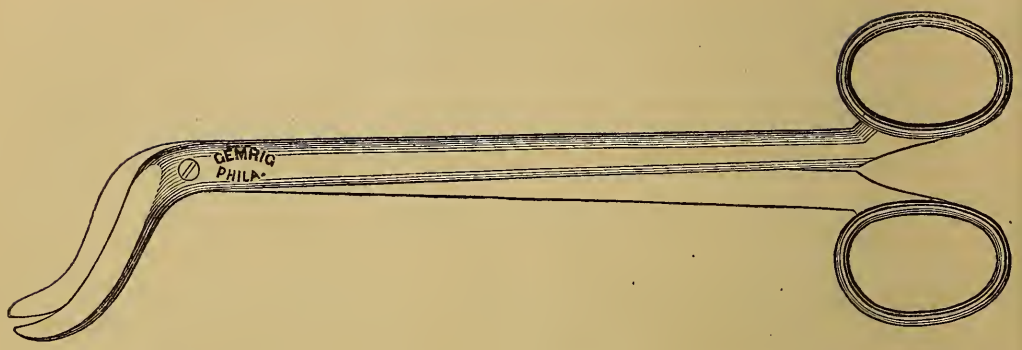
In conclusion, I may say that many thanks are due to Mr. Gemrig for the skilful manner in which he has applied my principle in the construction of the instrument.

2. *Block-holder, to be used in paring the edge of vaginal fistulous openings when a knife is used.* — The following cut illustrates a contrivance calculated to support the edge of a fistulous opening while it is being pared with a Sims' or Emmet's knife, — to be used instead of a pair of forceps.



It consists of a bone handle, having an iron shank, terminating in a curved extremity, upon which is a shoulder and screw, to which a block of *soft close-grained wood* [poplar] is easily attached. The block may be cut in any shape or size to suit the peculiarities of the case. By the aid of this instrument the *edges* can be pared *more evenly*, and with *greater ease*, than when held by the forceps. As the evenness with which the edges are pared affects the probability of union by the first intention, this appears to be an addition of some value.

3. *Scissors for paring the edges in vaginal fistula.* — The following cut represents a pair of scissors, devised by the author, for paring the edges of vesico-vaginal or recto-vaginal fistula.



They have a *single* curve, of the peculiar shape shown in the cut, and are pivoted at the beginning of the curve. The position of this joint is such as to allow of a *sliding motion* of the blades in different directions, one forward, the other backward, in addition to the ordinary *crushing* action of scissors of other kinds, thereby greatly facilitating the cutting of so dense a tissue as is usually met with in these cases. Another advantage of this curve is the parallelism of the handles to the plane upon which you are operating. The sliding action of the blades upon each other approaches the manner of cutting with a knife, and consequently does not disorganize the tissues as much as all other scissors, which have the crushing action alone. This latter is a point of some importance, not only because the *operation* is made *easier*, but because tissues crushed, when placed in apposition, do not *unite* so quickly and *surely* as when cut by a knife.

This instrument is also elegantly made by Mr. Gemrig.

URETERO-UTERINE FISTULA.

By Drs. Wilhelm Alex. Freund and Ludwig Joseph, of Breslau.*

[*Translated by Mary Safford, Medical Student at Breslau, and communicated to the Society September 26, 1871, by Dr. A. L. Norris, of East Cambridge.*]

We present in this communication a case of uretero-uterine fistule, which we have observed with great care for some length of time,† and which has given the occasion for an exact study of the normal anatomical relation of the ureters, especially in the female pelvis, which until now have not been presented in a satisfactory manner to the gynæcologist. The recognition of this species of fistule is of recent date. There exists until now, with the exception of those now to be described, but four scientifically observed cases.

The first observation we owe to Auguste Bérard,‡ who diagnosed it in the year 1841, in the Hôpital de la Pitié, upon a woman aged forty-one, the result of a difficult delivery. It had existed two years, and was characterized especially by an almost uninterrupted flow of urine from the os, combined with a complete continence of urine in the bladder, and a perfect expansive power of

* Note by Translator. — Dr. William A. Freund, of Breslau, Germany, Docent in the University, a skilful gynæcologist, with a large private practice, and polyclinic for the poor, has kindly permitted me to translate the accompanying brochure written by him. For its own merits, for the interest of the cases described, for the clearness with which they are presented, for the very carefully observed anatomy of the parts, I take pleasure in communicating the same to you.

In Thomas' Diseases of Women I find only a bare mention made of the fistule herein described, and I can but believe that this most complete account of all cases before observed will be received with especial interest by the readers of the American Gynæcological Journal.

† Berlin. Klin. Wochenschrift, 1869, No. 47.

‡ Dictionnaire de Médicin, Tom. xxx. p. 499, 1846; Prag. Vierteljahrsch., Bd. iv. S. 78, 1846.

the same, which, injected many times with an indigo-colored fluid, did not show itself in any way in the vagina, as observed by the aid of a speculum. At times the involuntary flow of urine ceased, usually for twenty-four hours, followed always by severe pain in the left lumbar region, which only disappeared with the return of the involuntary flow of urine.

The patient had a desire to urinate many times during the day, and although at each time a tolerably large quantity of urine was passed through the ureters, still a part of the same passed off involuntarily through the vagina. Two catheters passed at the same time, one into the uterus and one into the bladder, could by no means be brought into apposition.

The measurement of a like quantity of urine, two hours after its flow from the fistule and from the bladder, showed, after repeated examinations by Bouchardat's test, that the former contained a greater quantity of water, and was of a lighter color and clearer.

Bérard desisted, as in vesico-uterine fistules, from operative measures, and applied, as a palliative means, a urine receiver, fastened to a steel spring attached to a band that encircled the body and extended into the vagina, surrounded the narrow collum uteri, and thus caught the urine. The apparatus could not be endured, and a common receiver, externally applied, was used.

The second case occurred in a woman aged twenty-six, from the town of Toulon, who sought aid a long time in the Hôtel Dieu in that city. After having been delivered, with severe labor each time, of three dead children, she was now, in December, 1857, confined for the fourth time. She was in labor six days, and during the last twenty-four hours the child's head stood in the vulva; no instrument was however used.

During the first three days of labor she had to be

catheterized, as spontaneous urination was impossible. On the third day incontinence occurred, and she could at the same time urinate voluntarily.

Albert Puech,* who described this case, could not by the closest examination discover a fistule.

He injected milk into the bladder, without a drop of the same being seen in the vagina; he introduced an elastic sound into the uterus, and then saw urine trickle along the same.

He examined the patient in various attitudes and positions. When lying upon the face the discharge of urine was scanty. Upon the face and knees, the flow ceased entirely.

These conditions could not be accounted for. The perviousness of the ureter he endeavored to ascertain by measuring the quantity of urine passed from the bladder, and also that from the fistula. The latter afforded no positive evidence. Every attempt at a radical cure having failed, the fistula was cauterized, and the patient allowed to remain upon the face and knees. The idea of a receptacle to be worn attached to the cervix uteri suggested itself, but a skilful mechanic to make the same was not to be found, and so the patient returned home uncured.

The two other cases were observed in the Gynæcological and Lying-in ward of this place, and described by me.†

A woman from the country, aged thirty, was with difficulty delivered by forceps, in April, 1868.

Immediately after her confinement urine was involuntarily passed, which continued uninterruptedly, in connection with a normal activity of the bladder.

In November, after a lapse of almost seven months, she was received into the clinic.

* Gaz. des Hôpit. No. 33, 1859.

† Klinische Beitrage zu Gynæcologie, Hft. 1, V. 2, S. 108, N. 14.

The urine flowed continually whether the bladder was emptied voluntarily or by means of a catheter, and in whatever position the patient was placed.

A dark-blue fluid injected into the bladder was nowhere to be seen in the genital canal.

The periodic closure of the fistulous opening, by means of an obturator placed in the cervical canal, caused, after a continued cessation of the involuntary flow of urine for three-fourths of an hour, diverging pains from the left renal region, which after some hours was united with a sensation of nausea, with general *malaise* and a feverish excitation, which reached so high a degree that the removal of the obturator was demanded; whereupon the amount of urine that escaped was somewhat increased, and the difficulties experienced gradually disappeared.

The fistulous opening was not to be discovered by the sense of sight.

The os appeared only excoriated and cicatrized.

The urine passed from the bladder, as well as from the fistule, showed dissimilar physical peculiarities; that from the fistule was light, of a pale yellow color, and clear; that from the bladder a dark yellow color, somewhat cloudy, and of a higher specific gravity than the former.

The patient left the clinic uncured.

The fourth case is in so far of great importance, as it terminated fatally after a short existence, and thus gave the opportunity of studying, at the carefully made autopsy, the exact pathological anatomy of the fistule.

On the 27th of September, 1862, a woman aged twenty-seven, from earliest childhood rachitic, and since the age of puberty suffering from a cough and from profuse expectoration, was delivered, with difficulty, by forceps,

after a labor of twelve hours, of a dead child. During labor she had several eclamptic attacks.

After a sudden cessation of the eclamptic spasms, there was developed in the lying-in bed an acute tuberculosis of the lungs, from which she succumbed after a lapse of eighteen days.

During this time the urine was passed in part involuntarily, but in larger quantities it was removed by means of a catheter.

From the abundant and ichorous properties of the lochial discharge, it was not to be positively decided if the urine passed continually from the vagina.

The patient was, from her delivery till the time of her death, in the hands of other physicians.

Besides miliary tuberculosis of the lungs and morbus Brightii, in the second stage, were found the following important changes. The left ureter was 27 cm. below the pelvis of the kidney, i. e., at its entrance into the parametrium, on the basis of the lig. lat., it was hydronephrotically enlarged, and attached, along its course in the pelvic cellular tissue, a distance of 6 cm., by a parametritic exudation to the neighboring cellular tissue, and to the cervix uteri, and showed, nearly in the middle of this distance, in an enlargement of 1 cm., a decided loss of substance in the whole circumference, from which an opening the fineness of a hair led into the cavity of the cervix destroyed by ulceration.

Under this spot the ureter was narrower; above, it was wider than normal, — as large as a swan's quill. The left kidney was also hydronephrotic. Besides, there existed a decided loss of substance of the bladder, through which it communicated with the uterine cavity. The edges of the ulcerated spots, as well of the bladder as of the ureters, were colored a light yellow from the precipitation of uric acid.

On the right side of the vesico-uterine fistule the right ureter lay so near that only its own membrane protected it from communicating with the cervical cavity.

And there could very easily have arisen, from a more extended ulcerative destruction, also an uretero-uterine fistule of the right side. From the latter condition it is to be inferred that in this case the ureters from the beginning must have lain, in their entire course, within the parametrium; since on the right side, where no parametritis existed, it could easily have led, in consequence of an ulcerative process, to the formation of an uretero-uterine fistule. Worthy of notice is it, also, that the pelvis was exquisitely rachitic and universally small, the conjugate diameter being somewhat under three inches.

This comprises, up to the present time, the literature of the subject.

On the 17th of June, 1869, there came to our ambulatorium, Mrs. P. from R., who was sent to us by her physician, on account of an involuntary flow of urine. She was thirty-two years old, small and thick-set, with well-developed muscles. She had, as she said, been well from childhood, and she had first menstruated at the age of twenty, and since then her menstrual periods had been regular.

She had been married two years, and a year since was delivered of a mature, but decomposed, child without instrumental aid; her recovery from the lying-in bed was speedy.

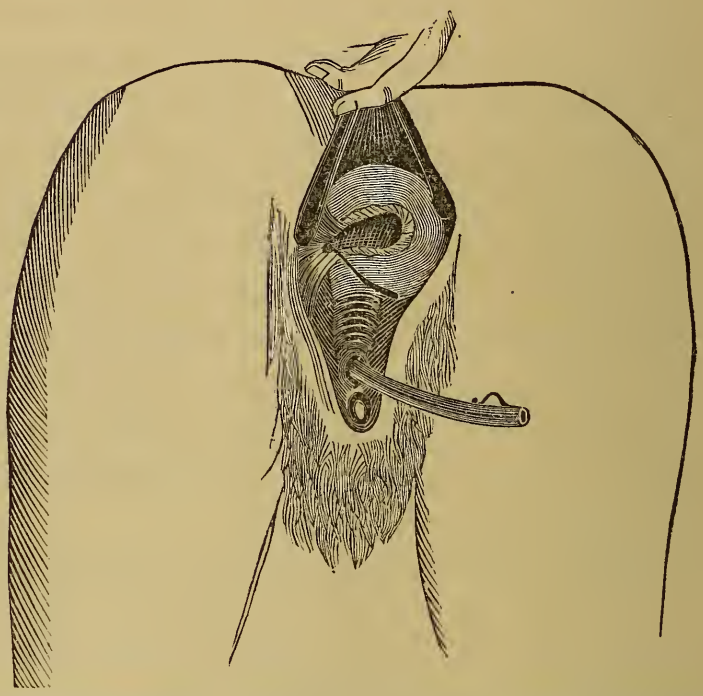
Early in April of this year, 1869, she was again delivered of a dead child, by an almost continuous and alternative application of the forceps for two hours by two physicians. The woman kept her bed for four weeks, and could at first urinate in a normal manner. Eight days after her confinement there occurred, with

complete continence of the bladder, an involuntary flow of urine, at first cloudy and bad-smelling, later clear and with a normal odor. Once, after six weeks had passed, and then again for fourteen days, did the urine-dribbling cease for several days, during which time the woman did not feel discommoded and urinated normally. At the present time she complained of a slight burning in the vulva, and, above all, of a continuous wetting from an unceasing flow of urine from the vagina. The external genitals and the inner sides of the thighs were wet and slightly eroded. Besides, nothing abnormal was presented. The uterus disclosed, by vaginal exploration, flexion to the left, and in its totality it was extra-median, and fixed by means of a prolonged cicatrix to the left cul-de-sac on the left pelvic wall.

This cicatrix arose from the supra-vaginal portion of the cervix, whose cavity was exposed through a deep fissure in the left side; the right wall was intact, the right cul-de-sac much distended. If one exposed the genital parts by means of a Sims' speculum, and this is done best in the knee-elbow position, one saw immediately the transverse widely gaping os, which, only on the right side, was surrounded by a very short remnant of the vaginal portion of the cervix. The left side was deeply fissured and the anterior lip much contracted.

From the deeply fissured left cervical portion extended a string-like white cicatrix toward the left pelvic wall. If one brought the cervical cavity to view, by pulling with the tenaculum upon the anterior lip, and dried carefully the os, which remained continually under a certain quantity of water, one saw the urine ooze out from the left fissure in small jets. But only after many explorations did we succeed in finding the fistulous opening in the fissured cervix, and in sounding it with a fine anatomic sound. This opening formed a transverse

slit about 1 to 1.5 mm. long, through which one could pass a fine anatomic sound; about 1 cm. above, and ex-



View of the fistulous opening, — fistula uretero-uterina, — in the left side of the deeply fissured cervix.

ternally, it came upon an insurmountable resistance, and the attempt to pass a bent sound into the underlying portion of the ureter failed.

The attempt to bring about a complete closure of the fistule opening by means of tamponade or of cauterization for many hours, in order to decide with certainty as to the permeability of the lower portion of the ureter, also failed.

The involuntary flow of urine after tamponade ceased usually only for a short time, — from one to two hours. Before we were fortunate enough to bring the fistulous opening into view, we injected the bladder twice, with the woman in the knee-elbow position, and once after finding it, with so decided a quantity of milk, — the cases, with the exception of Puech's, — of which

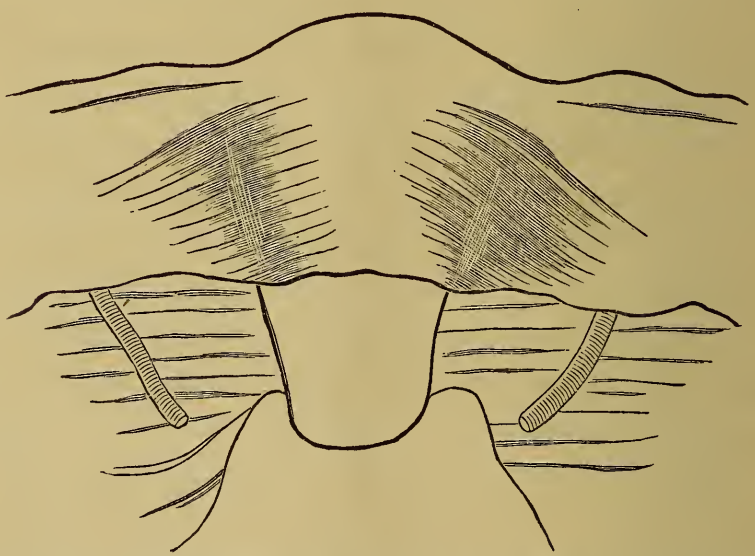
over 1000 cb. ctm., — that it was with difficulty that the patient was able to withstand the pressure of the detrusor vesicæ. In spite of it, however, not the least trace of milk was to be seen in the genital canal; while there flowed continuously water-clear urine from the cervical cavity.

The involuntary flow occurred as well with an empty as with a full bladder, and even the same in all positions of the body. Sometimes it was less, and even ceased for from one-half to one minute in the knee-elbow position.

As a rule, in the knee-elbow position, the urine flowed so abundantly, that by means of a test-tube enough could be caught to examine. In every respect the urine from the fistule showed other properties from that of the bladder. It was colorless, but clouded and opaque, owing to a fine flaky sediment, so that it had the appearance of impure water, and showed a weak acid reaction, even by a direct test upon the fistulous opening, a specific gravity of 1005, a limited amount of albumen, and gave a weak but decided urine smell. The urine from the bladder, on the contrary, was yellow, but also clouded with a fine flaky sediment, which, like the other, was slowly precipitated and of a decided acid reaction, and with a specific gravity of 1025, and contained an abundant quantity of albumen. Both urines showed, microscopically examined, an abundance of mucous corpuscles, and a limited number of epithelial cells. The first urine contained decidedly ureter-epithelium, in part small, round, oval, in part with cylindrical appendages, and in part jagged. The latter urine contained larger pavement epithelium. Fibrine cylinders were not to be found.

When we bring the symptoms of the five cases together, we have the following decided data. In all of

no report exists, — the *left* ureter was implicated, a fact that corresponds to the experience, that in most births, on account of the preponderance of the vertex to the left side, the left wall of the portio vag. becomes torn.* A similar observation has been made concerning uretero-vaginal fistule in the three, until now, observed cases.† Of these, two were on the left, and one only on the right side. From our last case, where the fistulous opening was seeable and soundable, as it was also in the case of the woman who was autopsied, it seems to me most probable that the abnormal opening of the ureter did not communicate directly with the cervical cavity, but first through a short passage. As regards the location of the fistulous opening on one side into the ureter, and on the other side into the cervix, it is with almost certainty to be concluded, as in our last case, and also, from the following anatomical description

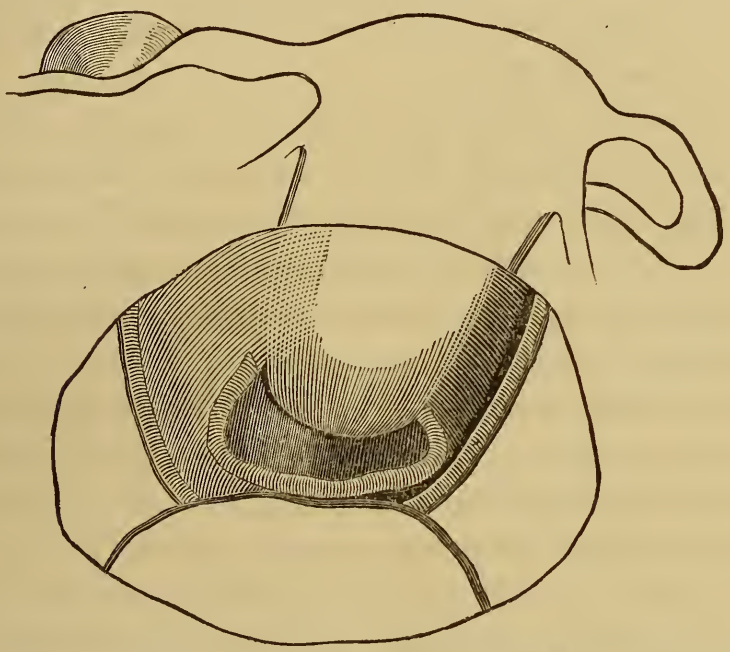


Ant. view of the uterus and of the lig. lat., the lower segment of whose ant. surface is removed to show the relation of the ureters to the cervix.

* Cazeaux. Traité des Accouchemens, 2 edit. Dictionnaire de Médicin, Tom. xxx. page 186.

† G. Simon, Alquie. A very interesting case of uretero-vaginal fistula, successfully operated upon, has been put upon record by Prof. Theophilus Parvin, of Indianapolis. — Eds.

of the position of the ureter, that that part of the ureter which extends above its entrance into the bladder, in the parametrium on the base of the lig. lat., will be found on the other side, the under portion of the supra-



Anterior view of the uterus under similar conditions, but with a piece removed from the ant. cul-de-sac. The left ureter lies in this case decidedly nearer to the cervix and cul-de-sac than the right.

vaginal part of the cervix, where both lie nearest above the vag. cul-de-sac. See Figs. II. and III.

Here we will give the result of our examination of the female ureters.

In anatomical text-books there is found, in part insufficient, and in part contradictory, information upon these points.

Henle's description * of them is not sufficient, since he has left unobserved the relations of the ureters to the neighboring organs, especially to the uterus and vagina.

Luschka † makes many contradictory statements; he

* Handb. d. Anatomie, § 320.

† Anat. des Menschen, Bd. II., § 364, p. 384.

removes the ureter in one place about 8 mm. from the vag. wall; in another place attaches it close to the cervix uteri on the limits of the superior and middle third of the uterus; from this removed about 7 mm., and united to the cul-de-sac by unyielding short cellular tissue. Hyrtl * describes the ureters as running convergent in the plica Douglasii.

According to him, both ureters compass the cervix before they reach the fundus of the bladder, which explains why swelling in connection with diseases of the latter is a mechanical hindrance to the passage of urine, with consecutive enlargement of the ureters and pelvis of the kidneys.

If we go back and observe at the beginning of anatomy, what, among others, Vesalius † gives upon the ureters, we find contained in his fifth book a well-given delineation of their relative position to the uterus and vagina. Only he has the ureters, in opposition to later descriptions, enter the bladder very deep, namely, under the symphysis pubis.

All anatomists declare that both ureters converge from the pelvis of the kidney to their entrance into the bladder.

Exact examination, however, gives another result. Both ureters are, in adult women, removed from each other at the pelvis of the kidney 6.8 to 9.0 mm., then they run converging, only, however, to their entrance into the pelvic cavity, i. e., almost always under the dividing angle of the arteria iliaca comm., and corresponding generally to the various positions of the latter; the left a little higher and nearer to the middle line of the body than the right.

Here also, at their entrance into the pelvic cavity, the

* Lehrbuch d. Anat. d. Mensch. x. Aufl. § 680.

† De Corporis Humani Fabricâ, Basle, 1555, Lib. v., page 581.

ureters, after they have passed the art. iliaca comm. d. which, to the point of crossing with the ureter, lies close upon the external side of the art. iliaca comm., are removed from each other only 5.7 to 7.0 centimetres. From this point on, the ureters run diverging on the side of the walls of the pelvis, and therefore they stand off from each other in an external convex arch; so that after a short passage of about 2 to 3 centimetres anteriorly, externally and below, they are removed 10 to 13 centimetres. Then they converge again, very gradually however, so that they stand, even on a parallel with the orif. ext., 2.5 to 3 centimetres above their entrance into the wall of the bladder, in most cases further from each other than below the kidney; namely, 9.8 centimetres, seldom 7.9 centimetres.

From this point on, they approach each other often so rapidly that after a course of about 4.0 to 4.5 centimetres, where they enter the inner wall of the bladder, there is only a space of 2.7 to 3.5 centimetres between them.

The ureter lies in its entire course close under the peritoneum, united to the neighboring organs by a loose, open, often fatty cellular tissue. At its entrance into the basis of the lig. lat. in the so-called parametrium, which occurs tolerably near the spina ischii, about in the plane of the internal os, it enters again into loose, at the same time fat-containing tissue, through the large plexus of veins, plex. ven. ut., et vag., separated from the uterus and vagina about 2 to 3 cm. below the under portion of the orificium ext. ut., where it then enters the bladder at an obtuse angle inclined toward the middle line of the body, running along the anterior wall of the vagina, surrounded by loose cellular tissue, and terminates, after a short distance inside of the wall of the bladder, from 1 to 1.5 cm. on both ends of the transverse protuberance of the trigonum Lieutandii.

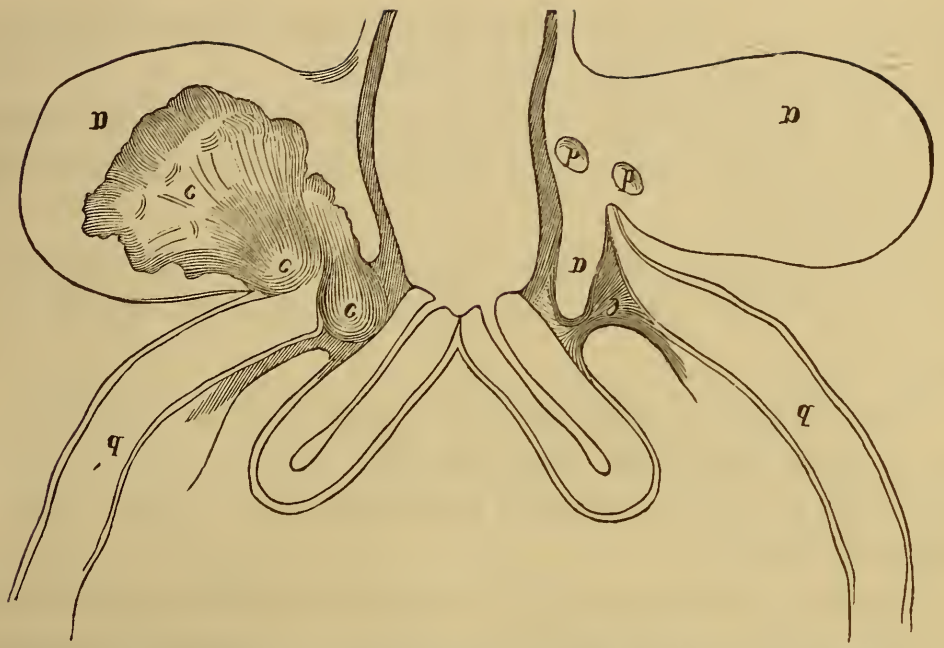
At this point the vesico-vag. wall is 11 mm. thick; on the cul-de-sac, 8 mm.

It is seen, then, by the given description, that the ureter does not lie between the two membranes of the lig. lat., but, after it passes along the side wall of the pelvis, external to the art. hypogastrica to the region of the spina ischii before the ant. branch of the hypogastric artery crosses the latter, it enters the parametrium in the basis of the lig. lat., and runs through the same transverse-anteriorly and inwards.

Besides the nerves and lymphatic vessels which run along the side of the uterus, and the ureters separate from the latter, there is still the large, strongly developed vein plexus of the uterus in the cellular tissue, so that a decided rupture of the cervical part of the uterus is necessary, complicating the adjoining parts, before a direct continuous communication with the uterus occurs; if it is not admitted that by an abnormal course of the ureters, they, running nearer the uterus, thus favor the formation of such a fistule as was seen in the case before described, in which an autopsy was made. The left ureter was closely bound to the uterus by a parametritic exudation, and from a rupture during labor was united by a fistulous communication to the same; while the ureters of the right side, where no parametritis existed, ran so near the uterus that only its own wall separated it from the ulcerated cervix.

It may be granted as a rule that uretero-uterine fistules occur from a previous injury of the cervix by means of a gradual and adjacent external ulceration of the, in the mean time, infiltrated parametrium and uterus.

Of interest, as a good illustration of the relation of the ureters to the parametrium, is this cut of a case of medullary carcinoma of the pelvic cellular tissue to the left side of the bladder.



Sagittal section through the urinary and genital organs of a woman who suffered from carcinoma of the cellular tissue of the pelvis on the left side, and in the posterior wall of the bladder. a a, bladder. á, a flap of the posterior wall of the bladder, divided and drawn within, in order to disclose the entrance of the ureter into the bladder. b b, a portion of the markedly dilated ureter. The left passes through the carcinomatously degenerated parametrium. The carcinoma (c) has broken through outwards and below, toward the posterior wall of the bladder, and has extended into the cavity. d d. Small secondary carcinomatous nodules. e. Chronically inflamed and thickened right parametrium.

We only point to the possibility that the left ureter, by destruction of the nodules seen, could have been perforated at the same time with the left anter. cul-de-sac, later, perhaps, with the cervix uteri.

As a rule, the position of the two ureters is unsymmetrical; usually the left ureter, as before remarked, is found, in its entrance into the pelvic cavity, nearer the uterus than the right one.

We found it the same in a normal portio vag., on the plane of the ut. ext. orifice, removed from the right cul-de-sac, 2.5 to 3.3 ctm., and from the left 1.5 to 2.7 ctm.

G. Simon has in part given the right position of the ureters to the cul-de-sac. The seat of the uretero-vag. fistule, says he,* is always on one or the other side of the cul-de-sac, at least 1 to 2 ctm. removed externally

* Scanzoni, Beitrage zur Geburtsk. und Gynæcol., 1860.

from the os. The ureters pierce in an oblique direction the bladder here where they enter it.

Their removal from the os is, according to our measurement, larger; the right 4 ctm. and over, and the left 2.5 to 3.4 ctm.

Besides, the ureter runs from this point 3.3 ctm. below along the side of the vagina, before it enters the bladder.

According to Luschka,* the ureter pierces the bladder on a level with the deepest part of the portio vag., which in a normal size and position of the portio vag. is decidedly wrong.

The size of the lumen of the ureters varies essentially according to the anatomic position; measured upon a ureter laid open, it amounts, in its entrance into the pelvis, to from 13 to 14 mm., in the parametrium 10 mm., and in the vesicale uretrum orifice 6 mm. Finally, we must call attention to the incorrect description according to which the ureters run in the plica Douglasii, and descend along the side of the rectum, neither of which is the case, as one can easily convince himself.

As to the symptoms which the uretero-uterine fistule, as well the uretero-vag., cause, we must first of all observe the peculiar combination, the complete capacity and continence of the bladder, and, at the same time, incontinence of urine.

The bladder has retained its normal capacity and power of retention, which is proved by means of the catheter, as also from the great quantity of urine which the bladder is capable of retaining. The involuntary flow of urine occurs as well with a full, as with an empty bladder, and further, in whatever position of the body, a colored fluid injected into the bladder does not pass into the fistule.

* Loc. citat. § 304.

When we tried to permanently stop the fistulous opening so that the urine must seek another way, we found, if the portion of the ureter beneath the fistulous opening was open or already obliterated, that in the first case there followed no appearances of the closure of the fistulous opening; in the latter, the appearances of acute hydronephrosis, as occurred in the first and third cases, with Berard and Freund.

The exposure of the fistule is best made in the knee-elbow position by means of a Sims' speculum.

Except the somewhat marked evidences of albuminuria, in the last case, there was no alteration in the sanitary condition of the patient.

Very essential are the differences in the different urines, that from the bladder and fistule as before described. The ætiology of the uretero-uterine fistule shows, in five cases, difficult labor as the cause, the retention of the head in the pelvic cavity, in Puech's case for twenty-four hours, when delivery occurred either spontaneously or by aid of instruments; of five cases, three were delivered by forceps.

In our last case they were applied alternately, for two hours, by two physicians. In the case which was autopsied, where also forceps were used, the pelvis was throughout small and narrowed by rachitis. As the fistula in our case had existed but a short time, and as in the beginning of its existence, days had passed with an interruption of the involuntary flow of urine, and as there was no trace of acute hydronephrosis from tamponading the cervix, although for a short time, we decided, as the portion of the ureter lying below the fistule was apparently permeable, to attack the fistule with operative attempts. Cauterization by means of the potential and actual cautery, denudation of the fistule and its surroundings with deep sutures, all failed of result.

We have from the physician who subsequently treated the case the following history: The woman returned home, with a denudation of the surface surrounding the fistule. Within four weeks the involuntary flow of urine ceased completely; the woman became pregnant, and was delivered, without instruments, of a living child, and is at the present time perfectly well.

This is the first case observed of direct healing of a uretero-uterine fistule; which healing, after denudation of the edges of the fistule, occurred per secundam intentionem.

THE RELATION OF THE FEMALE SEXUAL ORGANS TO MENTAL DISEASE.*

By Prof. Lewis Mayer, of Berlin. Translated by Geo. H. Bixby, with Notes by Horatio R. Storer.

[*Read before the Society, May* 3, 1870.]

VIII.

I continue the subject of the influence of the climacteric upon woman's mind.

Mr. Skae's observations, based upon two hundred cases in the Edinburgh Insane Asylum, really only go to strengthen my views. The following are symptoms which he claims as belonging particularly to climacteric insanity,—paroxysmal depression, wakefulness, and restlessness; thoughtlessness in regard to domestic affairs; fear of uncertain evil; later, suspicion toward friends, passing gradually into melancholy, with multifarious illusions. The patient imagines she has committed an unpardonable sin, or that she is no longer nourished by her food. These latter induce weariness of life.

In this part of the world † I have reckoned forty-one

* Continued from this Journal, May, 1871, p. 292, and October, 1871, p. 229.

† Berlin.

and upward, as the average age of the climacteric, an age which should not be considered as precocious, as I have shown in the foregoing table.

Among one hundred and forty-five patients, thirty-six reached the climacteric at from forty-six to sixty-two.

At 41 years,	3 cases.		At 54 years,	1 case.	
" 42 "	5 "		" 55 "	1 "	
" 43 "	2 "		" 56 "	1 "	
" 44 "	3 "		" 57 "	1 "	
" 45 "	2 "		" 58 "	1 "	
" 46 "	4 "		" 59 "	1 "	
" 47 "	2 "		" 60 "	1 "	
" 50 "	2 "		" 61 "	1 "	
" 51 "	1 case.		" 62 "	2 cases.	
" 52 "	2 cases.				

Among these, thirteen were observed in earlier life, as the following table will show: —

Age at time of observation.	Age at the appearance of insanity.	Peculiar form of disease.
41 years.	29 years.	Simple melancholy.
41 "	32 "	Hypochondria.
41 "	39 "	"
42 "	35 "	Melancholy with illusions.
42 "	38 "	Simple melancholy.
42 "	38 "	" "
44 "	24 "	Melancholy with illusions.
44 "	31 "	Simple melancholy.
45 "	35 "	Melancholy with mania.
46 "	35 "	Melancholy with dementia.
46 "	38 "	Simple melancholy.
51 " (clim. at 45)	24 "	" "
57 " "	37 "	Mania.

Six of the above-mentioned thirty-six individuals had passed the climacteric a longer or shorter time before becoming insane, namely: —

Ages.	Climacteric year.	Date of comm't of disease.	Disease.
56 years.	44	54.	Melancholy and dementia.
58 "	52	57.	Mania.
59 "	49	54.	Melancholy.
60 "	50	50.	Simple melancholy.
61 "	50	55.	Dementia.
62 "	58	61.	Melancholy.

In seventeen cases the relative dependence of the existing mental diseases with the climacteric was not recognizable, nor could the latter be traced in those cases where the climacteric had already been passed.

Among these seventeen cases the following forms of mental disease were present: —

2 cases of Hypochondria.
4 " " Simple melancholy.
1 case " Melancholy with illusions.
3 cases " Melancholy.
1 case " Suicidal mania.
1 " " Confirmed dementia.
2 cases " Mania.
2 cases of Mania and nymphomania.
1 case " Illusion.

In the following table, these seventeen cases are arranged according to age: —

Age.	Date of climacteric.	Mental disease.
42 years.		Mania with nymphomania.
42 "		Simple melancholy.
42 "	40 years.	Illusion, devel'd at the climac'c.
43 "		Mania.
44 "		Melancholy.

Age.	Date of Climacteric.	Mental Disease.
54 years.		Melancholy.
45 "		Melancholy.
46 "		Hypochondria.
46 "		"
47 "		Melancholia and confirmed dementia.
47 "		Mania with nymphomania, aggravated by
50 "		climacteric.
50 "		Melancholy.
50 "		Mania.
52 "		Melancholy.
52 "	38 years.	Illusions.

The nature of the precocious climacteric differs but slightly from the normal. We have in both, except at a very early age, the characteristic sequences, such as cessation of sexual life and its functions, and the retrogressive action of the sexual organs. In the normal climacteric, these latter appear physiologically; in the other, from injurious influences, as severe illness, childbed, fright, grief, and anxiety, occurring simultaneously with the catamenia. The injurious influences of these latter are analogous in both forms. One of the commonest effects of the precocious climacteric is the fear lest the unexpected cessation of the menses should be the precursor of disease, producing hypochondria and depression. Sterility, which is almost always present, adds much towards aggravating the mental disturbance. Again, this anomaly may exist, if no complication be present, without the least effect upon the mind.

I have seen three cases where an early cessation of the menses was followed by melancholy. In the first, the climacteric was reached at thirty-four; in the second, at forty; and in the third, at twenty-three. The exciting cause in all was doubtless fear of disease or sterility.

Case XLI. A stout, medium-sized woman, aged

fifty-two, had menstruated eight days every four weeks. She was married at twenty-nine. During the past twenty-two years she had borne eight times, and aborted twice. She took a severe cold during her thirty-eighth year, after which the menses ceased; cephalalgia, congestion, and daily attacks of epistaxis followed, and, later, the deepest melancholy, with an entire change in the character and disposition. The catamenia never returned, and she remained quite in statu quo. She consulted me in her fifty-second year. I found irritation and inflammation of the pudenda, hemorrhoids, and varicose veins of the thighs. The uterus was in a condition of super-involution, and exceedingly flabby.

Repeated depletions from the margin of the anus, with the internal use of pyroligneous acid, in doses of from twenty to thirty drops, every four hours, together with the use of the cold douche, entirely restored her health.

Case XLII. Mrs. X., native of P., aged fifty-two, had menstruated ten or twelve days every four weeks since her thirteenth year. She had been married thirty years; had given birth nineteen years before, with easy labor, and had enjoyed good health ever since.

At forty, without any known cause, the menses ceased, and never returned. General irritability, and numerous manifestations presented themselves, and very soon terminated in the deepest melancholy. I found the uterus in this case, also, in a condition of super-involution, its cavity measuring but two inches. The case was also complicated by hemorrhoids, hyperæmia of the vulva, varicose veins of the thighs, and obstinate constipation. The use of aloes and colocynth, and iron preparations, was followed by excellent results.

Case XLIII. M——, aged twenty-six, menstruated profusely up to the time of her marriage. Three years ago her health had been excellent. Six months subsequent to her marriage she taxed herself severely, and took a bad cold. Cessation of the menses occurred immediately. Soon after this, she had an attack of cholera, from which she fully recovered, after many months of convalescence. The menses did not reappear. The patient consulted me one year ago. I found her pale, but in a fair condition. Her face bore an expression of anxiety. She was very much depressed, and considered herself dangerously ill; hence her sterility. Upon examination, I found hyperæmia of the vulva; a small, short, and eroded cervix; the uterus flabby, and in a state of super-involution, but not sensitive, its cavity measuring scarcely two inches. I have treated the patient one year without the least result, and I think I am justified in considering the case one of precocious climacteric.

(*To be continued.*)

GYNÆCOLOGICAL SUMMARY.

I.

We commence in the present number a series of monthly reports upon contemporaneous gynæcological literature, that we trust will prove useful alike to physicians, who are wholly engrossed in practice, and to those who are seeking for information and references concerning any special disease or method of treatment. Up to the present moment the contributions to this department of science have been widely scattered, and but a very small proportion of them have ever reached

the American reader. Our facilities for meeting this want are now very great, provided only we can find the necessary time for such additional labor.

There have now been issued, dating from 1870, two volumes, in three parts each, of the "Archiv für Gynæcologie," published at Berlin. This new serial is a continuation of, in so far as pertains to our science, or rather a substitution for, the old "Monatsschrift für Geburtskunde und Frauenkrankheiten."

The following is a summary of the contents of the volumes that we have received: —

The First Part of Vol. I. contains

FOUR CASES OF IMPERFECT LONGITUDINAL DIVISION OF THE FEMALE GENITAL CANALS.*

By Dr. F. Schatz, of Leipsic.

Three of these cases contain points which go to substantiate the theory of Thier, namely, that the vagina and uterus are formed by the fusion of the two branches of Müller's canal; and also the views of Kölliker, that this fusion first takes place in the middle of the canal, while the extremities remain distinct until a later period.

THE SYMPTOMATOLOGY AND DIAGNOSIS OF HÆMATOCELE AND HÆMATOMETRA.†

By Dr. R. Olshausen, of Halle.

Dr. O. refers in brief to the uncertainty still existing in regard to the diagnosis of hæmatocele.

In discoursing upon the frequency of this affection, the following statistics are quoted: —

Scanzoni, of Wurzburg, up to 1867, during a practice of twenty years, had seen but two cases.‡

* Archiv für Gynæcologie, Berlin. I., No. 1, 1870, p. 12.

† Ibid., I., No. 1, p. 24.

‡ Says Dr. O., "I should sooner have credited Dr. S.'s statement had he said two hundred cases instead of two."

Dr. Hugenberger, of St. Petersburg, from 1835–59, among nearly four thousand patients did not observe a single case.

Dr. Credé, of Leipsic, from 1857–59, saw none among two hundred and ninety-three patients.

None were observed by Dr. Spiegelberg, of Breslau, among three hundred and sixty-three cases.

Seyffert, of Prague, met with sixty-six cases among twelve hundred and seventy-two patients.

Dr. Olshausen had seen thirty-four cases from 1866–68, among eleven hundred and forty-five patients.

The great discrepancy here exhibited renders these observations valueless as statistics.

We give below short abstracts of six of the cases reported by Dr. Olshausen: —

Case I. — Catamenial hæmatocele; gradual absorption; death nine months later from typhus. Autopsy revealed simply *discoloration* in Douglas' fossa, and pelvic adhesions.

Case II. — Atresia vaginæ after typhus; hæmatocele and hæmatometra. Puncture; death from peritonitis; escape of blood through the Fallopian tubes, proved by autopsy.

Case III. — Severe fall during menstruation; sudden suppression; immediate symptoms of internal hemorrhage, and a pelvic tumor. Recovery.

Case IV. — Catamenial hæmatocele; fluctuation; rapid absorption.

Case V. — Catamenial ante-uterine hæmatocele; severe dysmenorrhœa. Complete absorption.

Case VI. — Double uterus; hæmatometra of the left side; twice punctured. Recovery, with three subsequent pregnancies. During the latter, the left uterus and ovary protruded through the left inguinal canal.

THREE CASES OF RUPTURE OF AN OVARIAN CYST INTO THE ABDOMINAL CAVITY.*

By Prof. Otto Spiegelberg, of Breslau.

Case I. — Papillary cystoma of left ovary, complicated by ascites and rupture of the sac into the abdominal cavity; twice tapped. Exploratory incision, and ovariotomy, followed by death, five days after, from peritonitis, and exhaustion from vomiting.

Case II. — Glandular cystoma, complicated by numerous perforations of the sac; escape of the contents into the abdominal cavity. Two exploratory punctures. Death five days after the operation from suppurative peritonitis; autopsy revealed extensive thickening of the abdominal walls from chronic peritonitis. The acute attack was, no doubt, caused by the first puncture.

Case III. — Glandular cystoma, hemorrhagic degeneration of the anterior portions; rupture into the abdominal cavity. Death from peritonitis after two months in hospital.

EIGHT RECENT CASES OF OVARIOTOMY.†

By Prof. Spiegelberg.

In five successful cases, tapping had been resorted to in two. Adhesions were present in three; in all, the pedicle was ligated, returned into the abdomen, and the wound entirely closed. One case was complicated by double pneumonia; one by a pelvic abscess opening through the abdominal walls. Vomiting occurred the first day, in three cases. The latter was combated by hypodermic injections of morphia. In the three unsuc-

* Loc. citat., I., No. 1, p. 60–68.

† Ibid., I., No. 1, p. 68.

cessful cases, tapping was resorted to in two; adhesions were present in two; the pedicle was ligated and returned into the abdomen, and the wound closed, in all. Death occurred from secondary hemorrhage in one, and from peritonitis and suppuration of the extremity of the pedicle, in the remaining two cases.

In addition to the papers that we have now noticed, the first number of the first volume of the "Archiv" contains an exhaustive paper by Prof. Credé of Leipsic, upon the Normal Position of the Healthy Uterus, and its Displacements, previous to impregnation, during gestation, and after delivery. Prof. Spiegelberg, of Breslau, has a paper upon the Induction of Premature Labor; and the same gentleman has another upon Echinococus of the Kidney, and reports a case in which this disease was mistaken for an ovarian cyst, and an operation for its extirpation performed, with the result of death. Carl Martin, of Berlin, writes upon the Influence of Pelvic Contraction upon Labor. Dr. Schatz, of Leipsic, reports a case of Rupture of the Uterus, from pelvic contraction, resulting from hip disease, with recovery of the patient; and three cases of Single-horned Uterus. Kleinwüchter, of Prague, reports a case of Contracted Pelvis, and Wallichs, of Neumünster, presents a case where Intrauterine Injections were employed, and another illustrative of the Precise Determination of Pregnancy; and Carl Weber, of Mayence, gives a case of Cystic Outgrowth from the Sacrum, interfering with labor. Quite a number of these papers were read before the Obstetrical Society of Leipsic, the proceedings of which are also reported by Dr. Fürst, the Secretary.

We now proceed to the consideration of the second part of the first volume of the "Archiv."

UTERINE SARCOMA.*

By Dr. Gusserow, of Zurich.

It is to the investigations of Virchow that we owe the separation of sarcoma from carcinoma and cancroid. An insufficient number of cases have been reported to afford an accurate clinical description of the history, symptoms, and course of this affection. Sarcoma is even now, by some, considered under the same head with carcinoma and cancroid, contenting themselves with the assumption that any malignant new formation of the fundus or body of the uterus must be sarcoma, without further confirmation of the diagnosis by the microscope. Not presuming to give anything like a complete and accurate history of this uterine affection, Dr. G. presents the histories of four cases.

In the first of this group of cases, two forms are presented, decidedly different one from the other, both pathologically and clinically. The first is that form known as hard or fibro-sarcoma, sarcoma nodosum. The other, soft or diffuse sarcoma.

In incipient hard sarcoma, fibrous tissue predominates; the nodules resemble fibroid growths. There can be no doubt that true fibroma may, by some development in its cell element, pass into sarcoma. Cells thus transformed, may become either round, spindle-shaped, or multigranular. Examples of this are given by C. Mayer, Virchow, G. Mayer, and Charles West. It is called, by the latter, *recurrent fibroid.* These present one or more nodular tumors, which are taken for fibroma; the latter are removed with more or less facility, according to their location, but return sooner or later, either from the old stump, or in different parts of the

* Loc. citat., I., No. 2, p. 240.

body, by metastasis. Compared with cancer, the time of recurrence is longer, for in one of Dr. West's cases the disease reappeared after two years and ten months; in another, after six years and three months; and in Gläser's case, after from four to five years. Other cases, on the other hand, have been reported by C. Mayer and others, where the recurrence was very rapid, and caused death in a short time.

Case I. — Mrs. F., aged forty-two, healthy up to first and only birth, in 1850, at twenty-nine. After latter event, health began to break, and menses to be light-colored, and painful, with leucorrhœa in the interval; cervix normal; uterus in normal position, but enlarged; sound introduced with difficulty; uterine cavity one inch longer than normal; a tumor, the size of an apple, detected in connection with the uterus.

Dec., 1867. — Tumor gradually increasing. February, more rapid growth, — it is now the size of a fœtal head; pain more severe; general health poor. Last of March, symptoms of peritonitis developed; emaciation now to beyond recognition; abdomen distended, and too sensitive for a thorough examination; tumor was found in the median line surrounded by exudation; on the right side, redness and extreme thinness of the skin gave evidence of a tendency to "point" with pus. The case being diagnosed as one of suppuratory fibroid, puncture was proposed, and appointed for the next day. During the afternoon the abscess ruptured spontaneously. The contents were of an ichorous character, mixed with a large proportion of fluid fæcal matter, — an evidence of perforation of the intestine. The patient died the following day.

Upon section, the abdomen was found filled with this ichorous fæcal fluid. There were extensive adhesions of the intestines with the walls of the abdomen. A portion

of small intestine had fallen into the cavity formed by the abscess, which had become agglutinated and completely occluded.

Dimensions of the specimen.

Length of uterus	5 inches.
Breadth " "	$3\frac{1}{2}$ "
Length of cavity	4 "
" " cervical cavity . . .	$1\frac{1}{3}$ "
Thickness of walls	$1\frac{1}{4}$ "
" " " where pedicle was attached	1 inch.

The tumor measured from four to five inches. Its nature was unquestionably that of sarcoma, — of an even, friable structure, containing spindleform and round cells, enclosing minute granules.

The second group, according to Virchow, is sarcoma of the mucous membrane, which he denominates soft, round-celled medullary sarcoma. It is often mistaken for benign, hyperplastic growth. It seldom occurs in the shape of polypus, but is generally infiltrated. The os usually remains free, excepting in those cases where it becomes filled by the profuse granulations protruding from within the uterine cavity.

The following case comes under this category: —

Case II. — Mrs. ——, aged fifty-nine, multipara. Climacteric at fifty-four. Two years before, suffered from metrorrhagia. In 1867, vaginal examination revealed a tumor, the size of a large walnut. It was occupying the cervix, friable, and bled at the slightest touch. Amputation with scissors was proposed. Upon drawing down the uterus for this purpose, it was found that the excrescences extended into the cervical cavity. The latter were removed as completely as possible, and

the parts touched with the actual cautery. The uterus diminished in size, and the patient did not flow for a year after. Prof. Ebert, who examined the specimens, declared them to be round-cell sarcoma. The patient has been treated every four or five weeks, or when hemorrhage returned, for nearly two and a half years. During this time she has enjoyed good health. She is at present sixty years of age.

The third case, with similar symptoms, was diagnosed by Prof. Ebert as adinoma uteri. In the fourth case the diagnosis was doubtful.

Prof. Waldeyer, of Breslau, has a long paper upon the Pathology of Epithelial Ovarian Tumors, more particularly Cystoma. Drs. Lange, of Heidelberg, and Winkler, of Jena, have each communications upon Deformities of the Pelvis. The latter relates an instance of Amniotic Cyst. Dr. Hennigsen, of Schleswig, reports a case of Extra-uterine Pregnancy, with Discharge of the Fœtal Debris through the Abdominal Wall.

In the third part of Vol. II. there are the following papers: —

ON THE DIAGNOSIS OF CHRONIC ABDOMINAL TUMORS.*

By Dr. Schetelig, of Hamburg.

Three cases are reported. We give below the abstracts of the two first: —

Case I. — Hydronephrosis in a female, caused by a severe fall upon the abdomen, followed by inflammatory symptoms and enormous distention. Symptoms aggravated by subsequent falls. Recovery from acute symptoms, and removal of thirty pounds of fluid with marked

* Loc. citat., I., No. 3, p. 415.

relief. Three months later, removal of the cyst, notwithstanding extensive adhesions with the abdominal walls and pelvis; patient died from œdema of the lungs after thirty-six hours.

Case II.— Unilocular ovarian cyst, complicated by hæmatoma of the fundus uteri and Fallopian tubes. Extensive adhesions to the small intestines. Gastrotomy, followed by death, in twenty-four hours.

Dr. Spiegelberg presents a communication upon Puerperal Eclampsia, and relates a case of Tubal Pregnancy. Drs. Olshausen and Mekus, of Halle, speak of acute, contagious, non-febrile Pemphigus in Lying-in Women. Dr. Schatz reports two cases of Retroflexion of the Gravid Uterus; and Dr. Spiegelberg an instance of the successful removal of a large Wolffian Cyst.

Vol. II., Part 1, contains, —

CÆSAREAN SECTION IMMEDIATELY AFTER DEATH FROM PHTHISIS PULMONALIS, WITH PRESERVATION OF THE CHILD.*

By Dr. Hoscheck, of Landberg.

Mrs. ——, aged thirty-two, multipara, eight months pregnant, presented herself at the Polyclinic, Oct., 1864. The patient was found to be in the last stages of phthisis, and emaciated to a mere skeleton. Dr. H. acquainted her of her serious condition, and fast-approaching end, and also of the possibility of saving the life of her offspring, by an operation performed immediately after death. To the latter proposition she immediately gave her consent.

Dr. H. saw the patient again on Nov. 7th; she was still alive, but in agony. After the last respiration

* Loc. citat., II., No. 1, p. 118.

and a complete cessation of the heart's action, Cæsarean section was undertaken. Some delay occurred in trying to get the cadaver into a more favorable position, but at the end of ten minutes a still-born female child was removed. Artificial means soon restored life, which was manifested by a shrill cry. The child lived, and was perfectly well until 1865, when, during an epidemic of small-pox, it took the disease and died from it.

A SUCCESSFUL CASE OF OVARIOTOMY.*

By Dr. Germann.

Mrs. ——, aged forty-one, had suffered exceedingly, for the past six months, from a large tumor of the abdomen. Thirty-four pounds of fluid were removed by tapping; the sac refilled immediately, and to an extent which threatened suffocation, and necessitated immediate operative interference. The operation was attended with the greatest difficulty, from extensive adhesions, and the excessive hemorrhage which attended their division.

Notwithstanding frequent collapses, a high degree of anæmia, repeated attacks of diphtheria, bronchitis, a fistulous opening near, and gangrene of, the extremity of the pedicle, the patient made a good recovery.

UTERINE SARCOMA.†

By Dr. Alfred Hegar, of Freiburg.

We regret that time and space will not allow us to give in full the excellent remarks with which Dr. H. prefaces the histories of eight cases of sarcoma. We must content ourselves with short abstracts of each.

* Loc. citat., I., No. 2, p. 353.
† Ibid., II., No. 1, p. 29.

Case I.—Mrs. B——, aged fifty-four, a multipara, was always regular; her last child was born eighteen years ago. Two years ago the catamenia were absent from six to twelve weeks; during this time she suffered from congestion of the breasts, and from erythema of the skin. During the past year there has been a fetid hemorrhagic discharge from the vagina, attended with severe lancinating pains in the loins and sacral region, with obstinate constipation and extreme pallor. The abdomen was distended, but not sensitive. Vaginal examination revealed the uterus fixed, its os patulous, the labia uteri attenuated. There protruded from within them a small tumor. Passing the finger along this tumor, within the cervical cavity, its base was detected three centimetres from the external os. It was impossible to penetrate farther up than this point. The tissue surrrounding the base was infiltrated and thickened. Microscopic examination of a small portion removed by the finger-nail revealed the round and spindleform cells of sarcoma. No operation was performed. I learned that the patient lived about one year longer.

Microscopic examination, by Dr. Mayer, revealed the following: Base of scanty fibrous formation; the interstices very small, and filled by round and spindleform cells. After removal of the mass the parts were repeatedly cauterized. Hemorrhage did not recur until after nine months. During this time the menses returned normally. At the end of this time the hemorrhage returned, and was continuous. The uterus was anteverted, and materially enlarged, its cavity measuring nine and a half centimetres; indications of a return of the disease were easily ascertained by digital examination.

Case II.—Miss O——, aged sixty. Always healthy;

ceased to menstruate twelve years since. In November, 1865, she perceived a discharge of offensive mucus from the vagina; and later, severe pain in loins and sacral region; and still later, slight appearances of blood, distention of the abdomen, loss of appetite, and profuse hemorrhage. Examination, Feb. 14, 1866, revealed the following: A poor, decrepit, toothless person. The abdomen distended, but not painful upon pressure. Hymen intact, but dilatable. The posterior lip of the uterus felt tumefied, soft, and smooth; the anterior lip very thin. The finger, introduced with great facility, detected in the anterior cervical wall numerous small pediculated polypi. Three centimetres from the external os the finger came in contact with a soft, irregular mass, which proceeded from the posterior wall of the body of the uterus; microscopic examination of a small portion removed, revealed the round-cell sarcoma.

(*To be continued.*)

EDITORIAL NOTES.

1872. AGAIN, THE SEASON of mutual good wishes and of pledgings to mutual aid, — when editors map out anew the work they believe it their duty to accomplish, and when they are glad to receive appropriate signs of approval from an ever-increasing throng of patrons.

As twice before, at New Year's time, we greet our friends, old and more recent; again we ask them to assist us in our efforts for gynæcology, and for the welfare of the common profession. We do this, the present year, more confidently than before; for, knowing what we have achieved in the past, we think that we can now, to a certain extent at least, forecast the future.

This Journal's work so far, it is acknowledged, has been thoroughly done. We started just thirty months ago, by clearing the field, here at home, of stumps and stones, and ploughing deep. So excellent has been the result that, should it seem necessary, we shall not hesitate to plough a little deeper still. To establish a due respect for gynæcology, here in Massachusetts, it was found necessary to exert a little moral suasion. Good missionary work, like charity, should ever begin at home. It was therefore thought best to give a lesson or two to the teachers themselves. The effect of this has now been made evident enough, in the reconstruction of the Medical School of Harvard University, and in the progress made towards an entire reorganization, without its useless Board of Councillors, of the State Medical Society of Massachusetts. It is not impossible that by next New Year's day we may be able to speak of this latter change also as a fact accomplished.

These, however, are advances that have now progressed so far that they can take care of themselves. No opposition, by whomsoever made, can prevent their full accomplishment.

In the coming year, there is other work for us to do. Pre-eminently, the establishment in Massachusetts, to a much greater extent than now seems to exist, of the authority of the American Medical Association, — to uphold which, was made, by its Constitution, one of the prime objects of the Gynæcological Society. We have said, "to a greater extent than now seems to exist," but it is our opinion from, we think, good knowledge of the temper of the profession in Massachusetts, outside of Boston, that the mass of our practitioners are in accord with the great body of American physicians, alike as regards a belief in the necessity of more thorough medical education, more complete discountenance of irregu-

larities in practice, and more honorable dealing between man and man than, too generally, yet obtains. We propose, at any rate, to ascertain how this may be.

For doing so, we may be anathematized at home, but no more unpleasant things can be said of us than we have heard already. To offset them, a thousand for every one, we receive thanks from our fellow-practitioners outside this city, and, better still, we preserve our self-respect.

One thing we are sure of, that just as gynæcology knows no boundary line, — and to us, as its journalists, the rights of California and of Texas are as sacred as those of little Boston, — it is as much our duty to denounce, and to attempt to correct, whatever there is that serves to delay its full development, no matter how indirectly this may seem the case, or where we find it.

The above action will go far to increase the interest, already excited in foreign countries by what has been accomplished in Massachusetts towards correcting public hygienic errors and deficiencies, through the bold, far-sighted, and efficient procedures of its State Board of Health. We have always believed and taught that for the debt America has incurred to Europe for bright professional example and direct instructions, she is now prepared to repay a portion; by and by, let us hope, with compound interest.

We are glad that Massachusetts, first to practically establish the fact that in this republic matters of public health are worthy the scales and the sword of executive authority, has also been among the first to have founded within its borders a full professorship of State Medicine. The appointment of Dr. George Derby, Secretary of the State Board of Health, to the chair of Hygiene in Harvard University, is not the only instance

within the past few months by which that school has been putting itself into accord with the requirements of the profession, by carrying into immediate effect the suggestions of the American Medical Association.

Among the many praiseworthy transactions of the American Medical Association, at its meeting for 1871, at San Francisco, there was one to which, at the present moment, we would particularly direct attention, reflecting, as it does, so honorably upon what had previously been effected, in the same direction, by the State of Massachusetts. We refer to the steps taken towards inaugurating a National Health Council.

The credit of this most excellent suggestion belongs to Dr. Thomas M. Logan, of Sacramento, Secretary of the California State Board of Health, and for many years well known to the profession by his reports, rendered to the Association, upon the medical topography and climatology of his State.

Dr. Logan's resolutions, adopted by the Association, explain the need, objects, and usefulness of the proposed National Council, far better than any language of our own could do. They are as follows:—

"*Whereas*, The science of Hygiene and its corollary preventive, or State Medicine, are subjects eminently congenial with the purposes of this Association, inasmuch as they have for their objects the preservation of human life, and the removal of those causes of disease and death which it is in the power of legislation to ameliorate, if not eradicate; *And, whereas*, the great fundamental idea that was made the prominent element for medical association, and that led eventually to our National organization, was a higher standard of medi-

cal education; *And, whereas,* the present system adopted by our colleges provides more and more satisfactorily for the thorough qualification of the graduate, as regards the principles and practice of his art, but does not provide at all adequately for the special study and cultivation of questions of State medicine; therefore, be it

"*Resolved,* That this Association recommends a distinct and separate chair of Hygiene, independent of physiology, to be established in all our medical schools, and constituted a requisite curriculum preliminary to that diploma which confers one of the highest honors of the profession.

"*Resolved,* That the inauguration of the enlarged philanthropic policy of State Medicine in Massachusetts and California is worthy of our special approbation, and commends itself to other States for imitation; and, that therefore, the President of the Association is hereby authorized to nominate at this session a committee, consisting of one physician from each State in the Union, to memorialize the Legislatures of all the other States to follow the example of one of the oldest, most enlightened and conservative, as well as of one of the youngest, most progressive and enterprising members of our glorious confederacy, who have led off in the right way, and at the right time, for the prevention of disease and the correction of 'those multitudinous agencies, whether physical, whether moral, whether born of earth, of air, or of society, which are either openly or insidiously degenerating the human race.'

"*Resolved,* That the Association further recommends that initiative steps be taken, as soon as six States shall engraft State Medicine upon their statute books, for the formation of a 'National Health Council,' whose objects shall be the prosecution of the comparative study of

international hygienic statistics, and the diffusion and utilizing of sanitary knowledge; and that said Council shall be aided and assisted by this Association in using whatever influence may legitimately lay in its power, with foreign States, as well as with the medical profession and the people generally, in securing co-operation in the ends and objects of public hygiene.

"*Resolved*, That said National Health Council, although thus organized as a branch *per se*, shall be auxiliary to this Association, and shall constitute a special section on hygiene, to which all questions, germane to this department of medicine, shall be referred. 'Only,' to use the language of the great Virchow, 'by thus working harmoniously together, by thus mutually enlightening each other, will the State gain an organ to which may be safely intrusted the solution of the great questions of our time, viz.: bodily and mental health, and the development of future generations.'"

The following is the committee that was appointed to memorialize the State Legislatures to follow the example of Massachusetts and California in establishing State Boards of Health. It will be perceived that it is arranged alphabetically. At Dr. Logan's suggestion, Dr. Stillé, of Pennsylvania, then President of the Association, was appointed Chairman; but Dr. Stillé has gracefully insisted that Dr. Logan shall occupy that responsible position himself.

Dr. J. S. Weatherly, Montgomery, Alabama.
" A. H. Scott, Dover, Arkansas.
" T. M. Logan, Sacramento, California.
" C. L. Ives, New Haven, Connecticut.
" H. F. Askew, Wilmington, Delaware.
" J. M. Toner, Washington, District of Columbia.
" Robt. M. Smith, Athens, Georgia.
" H. A. Johnson, Chicago, Illinois.

Dr. J. F. Hibberd, Richmond, Indiana.
" J. C. Hughes, Keokuk, Iowa.
" D. W. Stormont, Topeka, Kansas.
" Jas. M. Holloway, Louisville, Kentucky.
" Samuel Logan, New Orleans, Louisiana.
" C. L. Ford, Brunswick, Maine.
" E. L. Howard, Baltimore, Maryland.
" H. I. Bowditch, Boston, Massachusetts.
" A. B. Palmer, Ann Arbor, Michigan.
" A. B. Stuart, Winona, Minnesota.
" J. F. Harrington, Jackson, Mississippi.
" M. L. Linton, St. Louis, Missouri.
" J. H. Peabody, Omaha, Nebraska.
" J. W. Parsons, Portsmouth, New Hampshire.
" W. Elmer, Bridgeton, New Jersey.
" Elisha Harris, New York, New York.
" W. A. B. Norcorn, Edenton, North Carolina.
" G. Mendenhall, Cincinnati, Ohio.
" Horace Carpenter, Salem, Oregon.
" Alfred Stillé, Philadelphia, Pennsylvania.
" E. M. Snow, Providence, Rhode Island.
" A. N. Talley, Columbia, South Carolina.
" W. K. Bowling, Nashville, Tennessee.
" G. Dowell, Galveston, Texas.
" S. W. Thayer, Burlington, Vermont.
" J. D. Cabell, Charlottesville, Virginia.
" J. E. Reeves, Wheeling, West Virginia.
" J. K. Bartlett, Milwaukee, Wisconsin.

Referring, as we have done, to the California State Board of Health, we must say a word or two of its First Biennial Report, just published. It will be found to bear favorable comparison, alike as regards the interest of the topics considered, and the ability with which they are discussed, with the similar volumes already published by our own State.

Among the questions of great moment that are considered, more or less at length, in the present report, are criminal abortion; the water supply of cities and towns; the sanitary architecture of prisons, hospitals, etc.; the special condition of certain hospitals and almshouses; the vital and hospital statistics of the State; its medical topography and climatology, with reference to certain diseases, as consumption, for instance; the Chinese question in its sanitary aspects; the so-called social evil; burial grounds and the interment of the dead; and school-room diseases and their prevention.

We shall present, in a future number of this journal, Dr. Logan's account of an official midnight journey, in which we accompanied him, through the worst portions of the Chinese quarter in San Francisco. It was made for the purpose of deciding certain sanitary points, and reporting thereon to the State authorities. The adventure was in many of its details not unlike the most horrible conceptions of Dante, and we can hardly look back upon it, even now, after the lapse of many months, without a shudder.

At the present moment, we reproduce, as interesting to gynæcologists, certain remarks concerning a subject of far greater importance to the welfare of the community than many would seem to consider it, — female hygiene.

Dr. Logan, the Secretary of the Board, thus speaks in their General Report, dated November 1, 1871: —

"The opinion having obtained currency that the female portion of our community are more proclivous in California than elsewhere to those functional and organic derangements which are peculiar to the sex everywhere, we have felt constrained, while not subscribing to the popular belief, not to ignore a question

of such momentous import. Gifted with 'a dower, all of love and suffering from her birth,' and more prone, from education and the habits of refined life, to the numerous ills in which she participates as a common lot with man, nature has superadded to woman's share all those ills which take their rise in the superior excitability of her nervous system, and in those painful and stormy functions which qualify her for becoming a mother. We need not, therefore, be surprised at the frequency of her impaired health, as compared with that of man. To this proportional illness, more apparent in California, especially heretofore, because of the relative paucity of the female population, is to be ascribed, in a great measure, the erroneous idea to which we have alluded. Another reason for this current opinion is found in the difficulty of curing many of the host of female complaints, not so much from want of competency in medical men generally, but from the delicacy of the relations existing between the sexes, and from the embarrassment arising from fastidiousness on the part, either of the female herself, or of the practitioner, or of both, and, in a good degree, also, from want of information among the population in general, as to the import, meaning, and tendency of disorders manifested by certain symptoms. Many of these disorders are, in their beginning, of light and trifling importance, yet by neglecting them in their rise, on the one hand, or by imprudently treating them by violent and disturbing therapeutical or surgical methods on the other, the whole constitution may at last come into sympathy with the deranged member of it, and the health and happiness of the mismanaged and misinformed female are sacrificed, and so her usefulness and life are lost to the State.

"Towards obviating the perpetuity of these evils,

which have existed from all time and in all places, and which strike at the vitals of society, we believe that it is our plain duty to disseminate such hygienic counsels, as, if they may not have the power of always preventing the misfortunes to which female life is subject, will certainly weaken the morbific influences which produce them.

"We believe, also, that there is a great amount of communicable information withheld by the medical profession, which it is their duty to spread abroad and make common for the public good. Actuated by such considerations we extended an invitation to a physician of Boston, who has made the diseases of women a special study, to deliver a public lecture on 'Female Hygiene,' that would meet all the issues at question. Many physicians appear to entertain the idea that their knowledge cannot be imparted to the people without infringing upon their obligations to their profession, and that it is better, in fact, that the world should not be possessed of such recondite information as theirs. We are happy to be able to state that Dr. Storer was influenced by no such obsolete and non-progressive ideas, but cheerfully acceded to our wishes. His lecture, which is now published in the Appendix of this Report,* for more general diffusion, was delivered in May last, both in San Francisco and Sacramento, before appreciative audiences of ladies and gentlemen, and we are gratified to be able to add that it was well received, and is calculated, in our opinion, to redound to the good of the State."

IT IS NOW SEVERAL MONTHS since we were able to find space to acknowledge the manifold contributions

* The lecture referred to will be found at the close of the present number of this Journal. — *Eds.*

received from our friends the publishers, who, despite our negligence, ever keep us so kindly in mind. As it is, we can at the present moment enumerate but a portion of the attractive volumes that lie upon our table.

Messrs. Lindsay & Blakiston, of Philadelphia, have sent us the second edition of the "Treatise on the Chronic Inflammation and Displacements of the Unimpregnated Uterus," by Prof. William H. Byford, a book which has done so much for the gynæcological reputation of Chicago. At the present moment, especially, if there is any gynæcologist who has not already done so, we would advise him to place it in his library, for every copy sold goes so far towards alleviating one of the severe personal losses by the great fire.

From the same publishers we have received, what no practitioner who has ever used it can do without, the "Physician's Visiting List," for the present year. We have ourselves long considered this especial form of note-book the best that has ever been devised.

These gentlemen have also sent us a companion volume to the last, namely, the "Physician's Pocket Dose Book," by Dr. Wythes. It is as useful for civil as for military service.

The "Druggist's General Receipt Book," by Henry Beasley, comes to us also from Lindsay & Blakiston. Primarily a text-book for the manufacturing chemist, it will yet interest physicians by the formulæ it discloses of many a so-called patent nostrum.

In addition to the obligations which we have noted, Messrs. L. & B. have given us Tilt's "Change of Life in Health and Disease," a classical work. For however one-sided its author in his views of the frequency of primary ovarian disturbance, he has done a great deal to stimulate investigation; and, moreover, from his evident conscientiousness, he is always very attractive.

Also from L. & B., we have had the little work upon "Headaches: Their Causes and their Cure," by Dr. Wright, of London; their reprint of the "Manual of Midwifery," by Alfred Meadows, so well known to American practitioners, also of London; and the edition, by the same gentleman, of Dr. Tanner's "Practical Treatise on the Diseases of Infancy and Childhood," which we especially commend to the medical students of Harvard University, in their present dearth of a systematic course of lectures upon the subject.

Also, they have sent us Dr. Waring's volume upon "Practical Therapeutics," wherein, besides much else of interest, we find a careful comparison of the value of ether and chloroform. "No remedy of the same power," says Dr. W., "has been used so extensively as chloroform, and has been productive of less mischief."

From Henry C. Lea, of Philadelphia, we have received Holmes's edition of Gray's "Descriptive and Surgical Anatomy."

J. G. Fergus & Co., of the same city, send us Dr. Napheys' volume upon "The Transmission of Life; or, Counsel upon the Nature and Hygiene of the Masculine Functions." Dr. N. is well known to the profession as a thoughtful writer, and we have referred, on a previous occasion, to his efforts to redeem from its chief occupation by quacks, a field that, however difficult it may be to properly treat, is yet among the most interesting and important of all the departments of medicine.

From the press of Dr. Butler, of that indispensable weekly, the "Philadelphia Medical and Surgical Reporter," another of Dr. Napheys' books has reached us, entitled "Modern Therapeutics; or a Compendium of Recent Formulæ." It is interesting, not from its valuable prescriptions alone, but as giving glimpses into the

ways of thinking and writing of many eminent medical men. Here, too, is a chapter devoted to the diseases of women, that will well repay careful study.

From the same press (Butler's), we have also received Dr. Bright's work on "Cancer: Its Classification and Remedies." It contains many facts that should be known by those who have the charge of invalid women.

Dr. Butler's "Daily Pocket Record" is now so well known as hardly to require a passing mention.

To D. Appleton & Co., of New York, we are indebted for the younger Bulkley's edition of Neumann's exhaustive "Hand-book of Skin Diseases." It is, in every way, worthy the reputation of the famous publishing-house that has issued it, and it contains a great deal that is of direct gynæcological interest.

We have, moreover, from the same firm, accompanied by a very kind personal letter, Sir James Clark's celebrated edition of Andrew Combe, upon "The Management of Infancy." There is not a word of this book that should not be familiar to every woman; and a knowledge of a great deal that it contains is very essential for her own physical well-being.

From the Appletons we have also the junior Flint's memoir upon "The Physiological Effects of Muscular Exercise," and Hammond's "Treatise upon Diseases of the Nervous System." The chapters, in the latter, upon Chorea and Hysteria, give a fair summary of the positions assumed by the gynæcological sceptic. If viewing such subjects from purely the psychological stand-point, to form a partial and so far mistaken conclusion is the most natural thing in the world.

Messrs. Wm. Wood & Co., of New York, have sent us "A Practical Treatise on the Medical and Surgical Uses of Electricity," by Drs. Beard and Rockwell, of

that city, whose frequent contributions to the "Medical Record" and other journals are so familiar to our readers. Their present volume seems thoroughly prepared, and we commend its chapters upon electrization in the diseases of women, to the attention of every gynæcologist.

Messrs. Wood have also forwarded the admirable "Anatomo-Pathological and Clinical Notes upon Epilepsy," by Prof. Echeverria, of New York, through whose thoughtful researches we may hope that a flood of light may yet be shed upon what is, perhaps, the most terrible of all the worst forms of human wreck and suffering.

Alexander Moore, of Boston, sends to our table Dr. B. Joy Jeffries' treatise for "the laity," upon "The Eye in Health and Disease," and also the Prize Essay, by the same author, upon "Diseases of the Skin; the Recent Advances in their Pathology and Treatment."

We have also received the "Principles and Practice of Midwifery, with some of the Diseases of Women," by Alexander Milne, of Edinburgh, and published by Livingstone of that city. Disciple, as we have ever been, of the Scotch school, — so practical as compared with the French hardiesse, and the finical theorizing of some of our German friends, — it always gives us peculiar pleasure to be reminded of the hard workers in Auld Reekie we used to know so well.

At the hands of Surgeon Warren Webster, of Fort Warren, we have from the Surgeon-General's Office, the "Report on Barracks and Hospitals, with Descriptions of Military Posts," known as "Circular No. 4." Assistant-Surgeon Billings, its responsible author, has done more than merely present the notes of post attendants stationed at different points upon our frontier, for the book contains deductions that will be found of use and interest to physicians in civil practice, and that will be rec-

ognized by governmental authorities abroad. We have before spoken in praise of the Medical and Surgical publications of the War Department.* Were government funds always expended as wisely as here, not a man of our profession but who should give to it his stanchest support.

We once spoke of the advantage to physicians, and their editors as well, of occasional, perhaps we should say frequent, indulgence in what is called light reading, and we alluded in kindly terms to certain magazines, such as the "Old and New," and the "Overland Monthly," to whose truthful descriptions of the myriad beauties of the far-western sea, land, and sky, we can now bear witness. Mr. Bartlett, of the San Francisco "Bulletin," has so well filled the chair that belonged to Bret Harte, that we do not care to query whether or no the latter has realized all he had hoped by his change to the East; but we must not fail to notice the fact that the "Atlantic Monthly" has its appropriate place upon every physician's table. With this to read, and "Every Saturday," also, Messrs. Osgood & Co. would doubtless, like us also to say, patients would have less right to complain of the tedium of our waiting rooms.

To Messrs. Codman & Shurtleff, of Boston, we are indebted for one of the pretty picture-books which reveal the extent and ingenuity of the dentist's appliances for the practice of his art, to whose bearings upon gynæcology we have before alluded.† We shall trust, before long, to see this "Dental Catalogue" of theirs equalled, if not eclipsed, by an illustrated manual of the more valuable foreign and American instruments for the relief of the surgical diseases of

* See this Journal, January, 1871, p. 62.
† Ibid., March, 1870, p. 185.

women. Few general practitioners, few gynæcologists even, have any idea of the amount of thought that the possible improvement of gynæcology in this direction has already received from some of the best minds in the profession. The time is rapidly coming when distressing, but perfectly curable, maladies will not be allowed to linger along, as still so often they are permitted to do, without any effort for their relief.

In the matter we were just speaking of, gynæcological appliances, Boston is still, we think, far behind other American cities of equal or even smaller size. Some of us here have long made it our custom to obtain most of our instruments in New York, alike on the ground of cheapness and greater dexterity of workmanship, especially in the manufacture of new inventions; but more complete facilities than we have here seem to exist in other cities outside the great metropolis. Take San Francisco, for instance, where gynæcology is, as yet, practically in its infancy, — we were surprised at the richness with which its wants are supplied by Messrs. Folkers & Brother, of Montgomery St. We will quote a few items from their published catalogue, and we think that we do not err in saying that a complete gynæcological outfit can be procured of them, notwithstanding the difference in currency, even cheaper than in Boston. We will merely allude to the fact that this firm have on their counters, for the practical accoucheur, no less than some fifty separate instruments; sixteen kinds of midwifery forceps, for instance, two of the vectis, five blunt hooks, six perforators, three craniotomy forceps, five placental do., Carey's placental hook and Dixon's, De-

wee's placental lever, Hubbard's cord replacer, Simpson's cephalotribe, English and German colpeurynters, etc., etc. When we came to look at their gynæcological collection, it was as complete, with very few exceptions, as what we have found at Tiemann & Co., Ford's, and Otto & Rynders, in New York.

There were the latest exploring trocars and ovariotomy clamps, all sorts of scissors, and knives, and needles (of the latter no less than six sorts of canulated), needle-forceps and wire-twisters, and everything pertaining to abdominal sections and operations for vesico-vaginal fistula and lacerated perineum; caustic holders, and caustic forceps, and caustic probes, and catheters of many materials and forms; eight kinds of ecraseur; uterine and vaginal and rectal electrodes; pessary forceps, and of pessaries (Heaven save the mark!) between thirty-five and forty varieties; vaginal dilators, and of uterine do. ten; uterine ointment applicators five, and vaginal specula thirty-six; do. for vaginal bath three, and intra-uterine do. four; uterine syphons, for irrigation; uterine forceps eleven, and scarificators six; hysterotomes four, and sounds and repositors eleven; curettes; sponge-holders and tenacula; leech-tubes and polyptomes; intra-uterine applicators, and all the innumerable instruments of Sims, Emmet, and Nott, with the bulky travelling-sets of Gardner, Elliot, and Buttles; these make a long list indeed. But, besides these, were hemorrhoidal bandages, hemorrhoidal repositors, and hemorrhoidal strangulators; rectal bougies and dilators of divers kinds, rectal pipes for ointment and syringes for the same, and six sorts of rectal speculum; to make no mention of an immense variety of rectal, as well as vaginal, douche-pipes, and so forth. While of Chapman's spinal bags (hot and cold) for

menstrual irregularities, there were both the English and American.

It will be seen, as was before suggested, that here in Boston, Messrs. Codman & Shurtleff, or Leach & Greene, would probably find it for their interest to recognize, even to a greater extent than Folkers of San Francisco has done, the growing interest of the profession in gynæcology. When they shall have done so, we will duly chronicle the fact.

While this number of the Journal is passing through the press, we have been reminded that to our list of the fourteen medical colleges in this country that already have professorships of the diseases of women as distinguished from Obstetrics, there is to be added another, namely, Dartmouth.

Dr. Peaslee writes us, "I have the impression that mine (at Hanover) was the first distinct course of lectures on gynæcology in any American college, except yours at Pittsfield."

Soon, we trust, there will be a gynæcological professorship at every college in the land.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. VI.] FEBRUARY, 1872. [No. 2.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

SIXTY-SECOND REGULAR MEETING, OCTOBER 3, 1871.

THE sixty-second regular meeting of the Society was held on the evening of October 3, 1871, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Blake, Weston, Hazelton, Perkins, Greeley, and H. R. Storer; Dr. John Lambert, of Salem, N. Y., Corresponding Member; and, by invitation, Dr. Carl Both, of Boston.

The Secretary of the Society having resumed the chair from which he had been absent for six months in California, the heartiest welcome was given him by the President and members.

The records of the last meeting were read and accepted.

Dr. Storer exhibited the spear-shaped

CERVICAL PUNCTURATOR,

devised and first employed by Dr. John Scott, of San Francisco. Dr. Storer stated that in May last, soon

Entered, according to act of Congress, in the year 1871, by HORATIO R. STORER, M. D., in the Office of the Librarian of Congress at Washington.

after his arrival in that city, Dr. Scott had spoken to him of this instrument, with reference more particularly to chronic endometritis, and demonstrated his method of employing it, in the wards of the State Woman's Hospital of California. Dr. Storer then tested it himself upon patients in private practice, and obtaining beneficial effects, advised Dr. Scott to at once put his claim to priority upon record by immediately communicating it to the profession. This was accordingly done, at the next meeting of the San Francisco Medical Society, when Dr. Burgess, a colleague of Dr. Scott at the Woman's Hospital, gave corroborative evidence. Dr. Scott kindly offered his manuscript for publication in the Journal of the Gynæological Society; but in view of all the circumstances, unfair remarks having long been made in San Francisco concerning gynæcology, Dr. Storer thought it best that the paper should first appear in that city. It was accordingly published in the "Pacific Medical and Surgical Journal."* It would be noticed that the blade of the instrument was very broad, more so indeed than in any puncturator Dr. S. had previously seen, and in use it was plunged in far enough to reach the deeper tissues. In careful hands and in proper cases its use would prove beneficial. He had not, however, found that, of itself, the practice could produce the results effected by the acid nitrate of mercury, but the two might often be advantageously combined. Dr. Scott was accustomed to employ the instrument in any given case, as often as once in three or four days, and though quite profuse hemorrhage at times ensued, such was easily controlled, and often seemed in the end to benefit the patient. If the blade were narrow,

* Loc. citat., September, 1871, p. 163.

Dr. Scott had found that local inflammation might possibly result from the puncture, at times, apparently from closing in of the external wound by contraction of its muscular fibres, with the chance of retention of a small clot. A broader blade made a wider wound, and rendered this result less likely.

Dr. Blake did not consider the procedure a new one, and thought that it had all along been employed by many general practitioners in this section of the country.

Dr. Warner was astonished at such a statement as that of Dr. Blake. He did not believe that there existed a single practitioner in Boston, or even in New England, who had ever heard of this process, much less employed it. Whatever its merits might prove, it was certainly novel, and in view of the evidence concerning it that had been stated, it was extremely interesting. Gentlemen should recollect that there is a vast difference between superficial puncture through the mucous membrane, or scarification, and this piercing down to the deeper tissues, such as had been described by Dr. Storer. There were but few men, even had they the wit to devise the operation, who would have dared to employ it before they had seen this done by another.

Dr. Blake could not understand why the depth of the puncture could make any material difference. He should expect, in congestion of the deeper tissues, more benefit from intra-uterine scarification than from deep puncture of the cervix.

Dr. Storer reminded Dr. Blake that in scarification of the uterine cavity, whether by Miller's instrument, Pinkham's or his own, the incisions were made but little, if any, deeper than the ordinary thickness of the unexfoliated mucous membrane. The work accom-

plished towards inducing discharge of loaded vessels, or setting up interstitial absorption, must needs be but very limited compared with Scott's deep puncturation.

Dr. Warner would like to inquire whether Dr. Blake had ever had any experience in uterine scarification, whether external or within the cavity.

Dr. Blake replied that, personally, he had very seldom employed it. He thought that its effect would be much more marked and satisfactory in acute than in chronic disease.

Dr. Warner said that this was precisely the reply that he had expected to elicit. The treatment should depend upon the exact character of the inflammation, and this again was in great measure governed by the location of the tissues affected, as to their being mucous, submucous, etc. The blood should be taken from just where this was required. He was glad that the subject of local depletion had again come before the Society, with reference to former discussions by it of the propriety of venesection.* He believed in general bleeding in certain cases, and that the time would soon return when the profession would revert to its practice.

In the treatment of chronic endometritis, with reference to which Dr. Storer had exhibited Dr. Scott's instrument, Dr. Warner thought that a great deal depended upon the correctness of the differential diagnosis. In one case most benefit might result from one procedure, and in another, from another. He himself, as was well known by the members, had been accustomed in many cases to find advantage from the employment of the

ACID NITRATE OF MERCURY,

but it was of very great importance to know exactly

* See this Journal, October, 1870, p. 220.

when and how to use it. He had now employed it, for the indication noted, for some twelve years or more. During more than three of these years he had been associated in practice with Dr. Storer, whose views concerning the acid nitrate were also well known.

Dr. Storer remarked that he had on a former occasion stated to the Society the occasion of his becoming, from a sceptic, a firm believer in the acid nitrate. He had formerly considered the agent dangerous and unreliable, and had so taught for several years. Renewed study, however, of its method and times of application, in consequence of representations made to him by Dr. Warner, and perhaps he might say, advances in its knowledge that they had made together, had brought him, in spite of himself, to an entirely different conclusion. He had, consequently, cases coming to his knowledge like the following, — of the progress of which he had just learned, that very day, at Southbridge: —

A lady, who had been married for many years without conceiving, consulted Dr. Warner and himself, some eighteen months ago. She had an hypertrophied and exceedingly indurated womb, such an one as most general practitioners would consider it impossible to improve upon, and as most gynæcologists, even, would despair of improving beyond a certain point. She entered St. Francis' Hospital, and for several months had an intra-uterine application of the acid nitrate by Dr. Warner, half way between the menstrual periods; under this treatment the womb rapidly contracted in size, and its walls became supple and natural. She was now far advanced in gestation.

Dr. Warner reminded Dr. Storer of a similar case that he had seen since his return from California. They had previously attended the case together, and

under the use of the acid nitrate, hoping as it were against all grounds for hope, pregnancy had ensued.

Dr. Lambert reported the following case of endometritis, the patient being the daughter of an eminent physician of Long Island, N. Y. There was present the rheumatic diathesis. The ordinary means of restoring a healthy condition of the uterus having failed, he proceeded to scarify the cavity as well as he could, by a tenotomy knife, but in vain. Puncturing the cervix was then resorted to, with free hemorrhage. A certain measure of relief ensuing, although great exhaustion, he had pursued this practice, with great hesitation, for two or three months. The general health then began to give way in consequence of the excessive loss of blood, which at times had been greater even than his judgment under other circumstances would have approved. Complete recovery ensued. The progress had been most marked in proportion as the general health had been unfavorably affected.

Dr. Warner believed the point specified by Dr. Lambert might at times be one of great importance, but at others, in which identical symptoms might be present, exactly the contrary course must be pursued. He related the details of a case from Fitchburg, that he had attended with Dr. Storer, where leeches and scarification were resorted to in vain, and it was not until strychnia, ergot, and the like, were exhibited, that any benefit was obtained.

Dr. Lambert exhibited the kidneys from a case of

TUBERCULAR NEPHRITIS

communicated by him at a former meeting.*

* See this Journal for June, 1871, p. 355. It will be recollected that, though the specimen exhibited was from a male, Dr. Lambert's paper was published in view of the gynæcological relations of renal disease. — Eds.

Dr. Hazelton, formerly Assistant Physician to the McLean Asylum for the Insane, desired to hear from Dr. Storer concerning the present condition of asylum management in California. He had himself, in a former visit to that State, been invited to take charge of the institution then existing at Alameda, and was therefore the more interested in the subject.

Dr. Storer replied that the asylum referred to by Dr. Hazelton had since been burned, and had not been rebuilt. As to

THE EXTENT OF INSANITY IN CALIFORNIA,

it was a matter to which he had given a good deal of attention, though he had made but a single visit to the great asylum at Stockton, which now contained not far from one thousand patients, some three hundred of whom were females. Various elements bearing upon the extent and production of insanity existed in California, that were almost unknown elsewhere. Homesickness in its most intense forms, sudden alternations from wealth to poverty, and from this again to the most unbounded riches, these were of constant occurrence, and were of themselves often sufficient to determine the access of mental disturbance. It must not be forgotten, however, that the Californian practice of publishing in the newspapers the names of all parties sent to the State Asylum, whether rich or poor, might tend to cause an exaggerated estimate of the number of cases of madness actually occurring. The State Asylum, under Dr. Shurtleff's supervision, though greatly overcrowded, was a model of admirable discipline and judicious care. In these respects, and as regarded neatness, he might indeed say beauty of arrangement, such was especially the case with the

female wards. He had personally examined, during the past seven years, a large proportion of American Asylums, and he had seen none that surpassed, if indeed any that equalled, this portion of Dr. Shurtleff's establishment. Dr. Storer had no doubt that ere long the very efficient State Board of Health, of which Dr. Logan, of Sacramento, was Permanent Secretary, would advise the formation of another asylum, so as to permit the more thorough classification only possible with a reduced number of patients. So far, however, as regarded the danger of epidemics from overcrowding, in California as compared with the Eastern States, there existed conditions of climate which reduced this to a minimum. He had carefully examined into the sanitary condition of the thousand convicts at the State Prison at San Quentin, and the several hundred patients packed like sandwiches in the City and County Hospital of San Francisco, and until he had learned the climatic peculiarities of the State, he could hardly have believed what he had seen with his own eyes of the prevalent immunity there from the ordinary evil features of hospitalism.

Besides the California insane at Stockton, those of Nevada were also cared for in the same city, but at another establishment, under the care of Dr. Langdon, being boarded out by their own State.

It gave Dr. Storer great pleasure, in this connection, to testify to the advanced views held by Dr. Shurtleff, with reference to the frequent reflex causation of insanity in females; and yet, when the peculiar history of California was taken into consideration, its long severance from the conservatism and prejudices of the older portions of the country, and the thoroughly "live" character of its prominent and influential men, it ought, after all, to be just the place of all others, as

he had found it, for intelligent observation, discriminative research, free discussion, and a very wise common sense. The State University, at Oakland, was already accomplishing a wonderful work, and by and by, when it got ready to compose the rival medical interests at San Francisco, across the Bay, by establishing its own medical department, upon a footing like that just accomplished here in the East by Old Harvard, the rest of the schools of the country, held firmly in the jaws of this Atlanto-Pacific vise, must either follow the good example, or else succumb.

Dr. Hazelton desired to say a word upon a very important topic. He referred to the disgraceful fact that there still held office, in Boston,

INCOMPETENT CORONERS.

He would report a case in point.

A physician well known to the members, — Dr. Damon, of this city, — had a patient with sciatica, who had taken, in consecutive doses of one quarter of a grain, at sufficient intervals, seven grains of morphine. This proving insufficient for relief, he had injected subcutaneously one-third of a grain, in half an hour another third, and after a similar time the remaining fraction of a grain. In twenty minutes thereafter she began to feel more comfortable, the pupils at the time being but little contracted. He then left the house. Shortly afterwards he was summoned in great haste, to find that she had fallen, striking her head, and was dead. With Dr. Webber's assistance, he employed the galvanic battery, but without effect, as she had expired. He then informed the police, and a coroner, — one G. E. Evans, who is an irregular practitioner of medicine, — was summoned. This person, who had once been

under arrest upon the charge of procuring abortion, immediately assumed that the case was one of this character, and summoned a Dr. Underwood, a homœopath, whom he directed to examine the body for evidences of the crime, with the assistance of a Dr. Maine, an eclectic. At the autopsy, the liver and heart were found fatty, much bloody fluid within the pericardium, cysts in both ovaries, and the uterus atrophied. Despite the circumstances of the decease, the head was not opened. It was evident enough that the coroner had not searched for the cause of death, but only for evidence to implicate Dr. Damon in a charge of abortion, hoping thus to redeem his own reputation, through excess of zeal.

Dr. Hazelton thought from its history that the case had very likely been one of rupture of the heart; but however this might be, it was clearly one that ought, even now, to be more closely investigated, and he therefore moved for the appointment of a committee to examine the papers, concerning the case, now on file at the Superior Court.

The motion having been seconded by Dr. Storer, it was voted to form such a committee.

Drs. Hazelton, Weston, and Greeley were accordingly appointed.

Dr. Storer reminded the Society that at the time he left for California last April, a committee had been chosen to report such resolutions concerning the action of the Onondaga Medical Society of New York, hostile to gynæcology, as the importance of the subject should seem to demand. He was informed that the committee had not yet reported.

The President stated that their failure to do so must have resulted from inadvertence, and directed the

Secretary to request the committee to make an early report.

Dr. Blake was very glad that Dr. Storer had again called attention to the ignorance and conceit which, under the guise of conservatism, so constantly endeavored to underrate the importance and curability of uterine disease. He had just been treating an illustrative case, that of a patient from Maine, who had come to consult Dr. Storer, and finding him absent in California, had employed himself. There existed dysmenorrhœa, of a mechanical character, depending upon enlargement of the cervix and sinuosity of its canal. After due deliberation, he had incised the cervix by Simpson's hysterotome, as most likely to afford relief, and perfect recovery had ensued. He should himself have hardly believed that such complete relief could so soon have been effected.

Dr. Warner considered it still an open question whether

INCISION OF THE CERVIX FOR DYSMENORRHŒA,

of itself, accomplished the good. He thought that the local depletion and dilatation were in reality the effective agents, and referred, as in evidence of the efficacy of the former, to the remarks made by Drs. Storer and Lambert at the present meeting.

Dr. Warner reported, in this connection, the case of a patient from central New York, who had been under the care of Dr. Storer and himself the past winter, after a year's ineffectual treatment in New York city. There had been excessive dysmenorrhœa, depending upon flexion, and for this Emmet's operation had been performed without any benefit. Dr. W. had, however, succeeded in obtaining a very satisfactory result from

the persistent use of the acid nitrate of mercury. As to the diagnosis of narrowing and tortuosity of the cervical canal, Dr. W. had repeatedly seen cases that had been pronounced by other physicians partial or complete atresia, for the reason that they could not easily or at all introduce the uterine sound, whereas they were simply instances of flexion, and upon raising the fundus by the finger or bivalve speculum, the os and cervical canal would be found perfectly patulous. These, in a word, were merely errors of diagnosis.

Dr. Blake wished it admitted that cases such as he had described did however exist.

Dr. Warner replied that they did, of course, but were yet very rare. When occurring, it was almost always as the result of the careless use of caustics.

Dr. Blake stated that nevertheless authors spoke as though they were common, and they were figured in many text-books, that of Thomas, for instance.

Dr. Storer reminded Dr. Blake how often it was that such diagrams were exaggerated, and alluded to the excellent paper upon the subject communicated to the Society by Dr. Traylor, of Cape Girardeau, Mo.* Errors of judgment as to the dimensions and relative proportions of the pelvic viscera were lamentably frequent, alike among draughtsmen, instrument-makers and practitioners. On a former occasion† he had called attention to the great and unpardonable mistake made by Messrs. Codman and Shurtleff of this city, in their attempt to "improve" upon his modification of the Cusco speculum, they making the gape of the opened instrument nearly large enough to receive a fœtal head, and of course very unnecessarily distending the vagi-

* Dr. Traylor's paper was published in this Journal, July, 1871, p. 46. See also this Journal for October, 1871, p. 218.

† See this Journal for May, 1870, p. 259.

nal cul-de-sac. While in San Francisco he had desired to obtain a properly proportioned instrument of the kind, but could find among Mr. Folkers' very extensive stock only the miserable "improvement" referred to, which to consider such as he had designed and was in the habit of using, he thought was unfair to the instrument and to himself.

Dr. Hazelton commented upon the use of

BROMIDE OF AMMONIUM IN DYSMENORRHŒA,

and related a case, which Dr. Storer would recollect, occurring at the McLean Asylum, where cotton root, cinchona bark, etc., had been given without benefit. He then gave the patient ten grains of bromide of ammonium, repeating the same in two hours, with very great relief. He had perceived a similar effect in other cases, and was inclined to believe that the ammonium might be found to have the same effect in allaying uterine hyperæmia, as has the similar salt of potassium upon congestion of the base of the brain.

Dr. Storer thought the suggestion worthy of further investigation.

The Secretary read an interesting communication from Dr. J. Hjaltelin, of Reykjavik, the "Chief Physician" of Iceland, a Corresponding Member of the Society, upon Malignant Small-pox, treated with sulphureous fumigations and sulphurous acid internally.

Upon motion, it was voted that, as the communication was of especial interest to general practitioners, it should be offered by the Secretary to the "Boston Medical and Surgical Journal" for publication.*

Adjourned.

* The paper will be found in the Journal referred to, for Nov. 2, 1871, p. 288.

THE HISTORY AND PROGRESS OF GYNÆCOLOGY IN NEW ENGLAND.

THE ANNUAL ADDRESS FOR 1872.

By Winslow Lewis, President of the Society.

[*Read before the Society, Jan.* 2, 1872.]

I COMMENCE now, as I did a year since, to say, that my increased sense of propriety warns me most urgently to quit the position which I have occupied for three years. A year added to seventy-two must betray the infirmities which necessarily accompany that advanced period of life. Their impress on me is marked and manifested too distinctly to be overlooked, and that I linger with you is due only to those urgent and kindest expressions of yours which still detain me in the chair.

The position as your President, while it has been very grateful to me, from your kindness, has had its inconveniences and troubles. It has brought me into a quasi collision with many; and, in one instance, into a rebuke of words, so very acrimonious, that it would not have been tolerated, but from the well-known fact that the attack was made by one of a family belonging to the "genus irritabile." Living continually "in hot water" does not agree with my constitution; I prefer the more pleasant temperature which soothes and represses the exacerbations of morbid humors and violent eruptions.

But to more genial themes: to the satisfaction which we, as members of the Gynæcological Society of Boston, are permitted to enjoy, at its great, diffused success; at what it has accomplished, for the object of its organization, by its periodical, which has been welcomed every-

where, and is now an acknowledged power; at its dissemination of so much practical experience in all matters concerning the medical and surgical treatment of the diseases of women; at its influence, which has been felt in high places, and has tended to modify for the better the assumptions of ancient, though now an effete cliqueism, which has reigned so long without rebuke; at its efficient aid to the American Medical Association, and their decisions. All these, and many other topics having relation to this Society, would afford subjects of interest.

But I have not the ability, nor the time, to wander over such extended fields, but shall restrict my remarks, on this annual occasion, to a theme which to you may be found at least suggestive, if not somewhat interesting.

When, two years ago, in fulfilling my duties as your President, I discoursed to you upon the demand upon every thoughtful physician to give closer and more intelligent heed to the diseases peculiar to women,* and still more, a year later, when enumerating the work of the Society during 1870,† I felt that the occasion of the annual address ought to be the last opportunity that I should have for speaking, as it were, from the teachers' desk, to the profession I have so long loved. Your kindness, however, refused to accept the resignation my advanced age forced me to proffer, and, both grieved and rejoicing, this new year finds me again at my post, fresh in heart as the youngest of you, and proud with you all in the twelve months' increase of our associated influence, the proofs of which have been so many, so varied, and to the profession at large so beneficent.

It has seemed to me, that in view of my own identifi-

* See this Journal, February, 1870, p. 77.
† See this Journal, February, 1871, p. 84.

cation for so long a period with New England medical interests, — for it is over half a century since I first had to do with public and private professional life, both as teacher and practitioner, — it might be well for me to place upon permanent record important facts pertaining to the department of science to whose cultivation this Society is devoted; a portion of which may be new to you, perhaps indeed half forgotten by those whose memory dates, like my own, from the earliest years of the century. I have, therefore, selected as the subject of the present address,

THE HISTORY AND PROGRESS OF GYNÆCOLOGY IN NEW ENGLAND.

Let me say, at the outset, that I do not believe that the "good old Colony times," or the middle ages, so to speak, of New England history that succeeded them, were in any sense, so far as concerns their diseases, a golden age for women, in comparison with the present day. The same causes were then at work, or at least many of them, that we now so constantly recognize as detrimental or destructive in their character, and they have prevailed, indeed, since that last day of creation, when God, having formed man in his own image, but roughly as it were, and as the type of physical strength, gave to him that greater marvel of creative power, — so frail, so delicate, so easily harmed, and yet so beautiful, so pure, so precious, and so divinely good, — physically so weak, but spiritually so far above ourselves, — whose diseases to try to investigate, it is our blessed privilege. In those former days of which I am speaking, though in household matters and in affairs of church and State woman was considered "the weaker vessel," even more so than at the present time, yet a true understanding of

the facts, in her case, did not seem to have entered into the heart of even the wisest man. It was as an inferior wholly, that she was received; the idol of an intermitting and degrading passion, — a drudge, to care for the husband's children, or a necessary evil to offset and atone for man's physical imperfections, — such seems to have been the understanding of a grosser age. If sick in body, she was allowed to die, or become bedridden, for who then knew upon what such things depend? If sick in mind, she was thought bewitched or possessed of a devil. Is it not, indeed, the same, too often, even at the present day? We do not, it is true, hang the witch, or subject her to the fatal ordeal of fire or of the flood; but is it much better than this, that so many a precious life is still allowed to be sacrificed to that spirit of ignorance, jealousy, and self-pride, by which otherwise intelligent and respectable physicians, who "disbelieve in gynæcology," are as yet, all around us, influenced?

I have said that the diseases peculiar to woman have always existed, and that they are neither imaginative nor a distinctive feature of modern times. As our Secretary has so well and forcibly put it in that instructive paper of his, which was appropriately published in the very first number of the first volume of our Society's Journal, "I do not believe that the healthy woman is the physical equal of man in all and every respect; the motto of our Society, so wise and so truthful, expresses the converse of this. But I do believe that, while a host of pelvic aches and ills have grown into existence, as the result of a change from the age of Force to that of Reason, there were, in the old times behind us, that we are wrongly taught were golden, deaths without number from pelvic causes unsuspected; ovarian dropsies supposed ascitic; uterine hypertro-

phies, outgrowths, and degenerations, misnamed affections of the liver; and all sorts of disease from oversight or neglect by the physician; special in their causation, and wrongly designated as by the providence of God." *

Gynæcology, as such, however, has, in New England, been a growth of very recent date. So true is this of our science, as distinguished from the mere manual art of the accoucheur, and the limited class of affections which immediately precede, accompany, or follow the puerperal process, — and not in New England only, but the whole country, we might indeed say, the whole world, — that the special term now so generally in use had been hardly employed, in the English language at least, until its adoption by this Society upon the day of its foundation. A few German students of uterine disease, it is true, had already acknowledged the appropriateness of its derivation, but the language of the English and American profession was still, with regard to a term separating the diseases of women from obstetrics proper, to all intents and purposes, practically barren.

For our information concerning the early history of gynæcology in New England, we are wholly dependent upon the researches made by our Secretary, and published in the introductory chapters of his "Outline History of American Gynæcology." †

"Previous to the establishment of the Massachusetts Medical Society, in 1781," says Dr. Storer, "little or nothing seems to have been done, in this direction, of a scientific character. Barring the wild vagaries of Cotton Mather, and other medico-religious enthusiasts,

* The Frequency and Causation of Uterine Disease in America. By Horatio R. Storer. This Journal, July, 1869, p. 39.

† See this Journal, August, 1869, p. 103; November, 1869, p. 392; and December, 1871, p. 334.

themselves the exciters in great measure of the hysteria they attributed to Satan's devices, we find but a barren field. Bold, indeed, would the practitioner have been, who, in the early colony times, had dared to make a vaginal examination, save during the progress of childbirth. Hardly, even, would the clergyman's gown have saved him from the fate that befell so many Boston and Salem patients." *

It is, as Dr. Storer has shown, in the early volumes of the publications of the Massachusetts Medical Society, issued nearly a century since, that we find the first contributions toward an appreciation of the existence and importance of the diseases peculiar to women. The papers by Dr. Joseph Osgood, of Andover, upon Preternatural Obstruction in the Vagina, and by Dr. Joseph Orne, of Salem, upon Division of the Symphysis Pubis, by the Sigaultian Operation, were published previously to 1800. They were followed within the next thirty years by others: by Dr. Oliver Prescott, of Groton, upon Ruptured Uterus; by Dr. Joshua Fisher, of Beverly, upon an alleged discharge of Vesical Entozoa; by Dr. Edward Wyer, of Cambridge, upon Crural Embolism; by Dr. Edward A. Holyoke, of Salem, upon Uterine Retroversion; by Drs. Osgood, of Andover, and Nathaniel W. Appleton, of Boston, upon Labial Thrombus; by Dr. George Osgood, of Andover, upon Abdominal Section for the bones of an Extra-uterine Fœtus; by Dr. John C. Warren, of Boston, upon Crural Hernia; by Dr. James Mann, of Wrentham, upon Puerperal Phlegmasia; by Dr. Amos Holbrook, of Milton, upon Ovarian Dropsy ; by Drs. Fisher, of Beverly, and Mann, of Wrentham, upon Uterine Hemorrhage; by Dr. Richard Hazeltine, of Lynn, upon Phlegmasia; by Dr. Enoch Hale, Jr., of Boston, upon Abor-

* This Journal, August, 1869, p. 104.

tion; by Dr. Nathaniel Miller, of Franklin, upon the Detection of deep-seated Matter; and by Dr. William Sweetser, of Burlington, Vt., upon the Prescription of Stimulants to Females. These all appeared previous to 1830, and were many of them prepared with care. They show that in Massachusetts, at least, there existed an early interest in gynæcology, that, taking into account the circumstances of the times, was fully equal to, if it did not surpass, that exhibited by the profession in those diseases during the next quarter of a century following the period described.

I regret that my friend has not as yet published those chapters of his "Outline History" that relate to the early gynæcology of the other New England States. They cannot fail to be equally instructive, and I have no doubt that those old medical journals that used to be so familiar to me many years since, and of which copies are now hardly to be found, save at auctions after the dropping away of one of my cotemporaries, contain many a gem of careful observation, whose value, unappreciated at the time it was first issued, will be found precious indeed, in the light of modern science. I myself look back upon patient after patient, that then, an enigma to us all, followed the long procession of similar cases that were marked, as upon our hospital books of the present day, "discharged unrelieved," or "dead without apparent cause," who would now, if in the hands of any member of this Society, progress to a rapid convalescence.

I come now to consider what has been done by the Medical Schools of New England towards encouraging and legitimatizing the study and practice of gynæcology by the establishment of Chairs of Obstetrics, and, still more, of the Diseases of Women.

So far as now appears, the honor of having first in

New England recognized the legitimacy of the diseases of women, as a branch of instruction, even though conjoined to other departments and not taught separately, belongs to the school formerly existing at Castleton, Vt.; for, in 1818, Dr. Theodore Woodward, the first incumbent of its obstetrical chair, seems to have had these diseases to lecture upon, in connection with his other duties, as will hereafter appear.

So far as I can ascertain, Bowdoin College was the first to follow the good example. Strange as it may seem, our far-famed Harvard has not as yet recognized this department, save within a month or two, by the appointment simply of a clinical lecturer. During the very long period since Dr. Walter Channing was appointed Obstetrical Professor at Harvard, in 1815, not even in name have the diseases of women been thus acknowledged; while Dartmouth College, the first of the New England Schools properly to recognize this department, has now a full Professorship of Gynæcology.

The following is briefly the history of the New England schools in this connection, so far as has yet been ascertained by our Secretary, Dr. Storer: —

We will begin with *Bowdoin College.* — The Medical School of this institution was established in 1820.

In 1825, Dr. James McKeen was appointed Lecturer on Obstetrics. He was subsequently appointed Professor of the same, and of the Diseases of Women and Children. In 1839, he held also the position of Lecturer on the Theory and Practice of Physic.

In 1840, Dr. Ebenezer Wells was chosen Lecturer upon Obstetrics.

He was succeeded, in 1845, by Dr. B. Fordyce Barker.

In 1846, Dr. Amos Nourse was appointed as Lecturer, and he was subsequently appointed Professor of Obstetrics in 1854.

In 1866, Dr. Theodore H. Jewett succeeded him, and this gentleman in 1868 was followed by Dr. Wm. C. Robinson, who still holds the chair.

At *Dartmouth College*, Dr. Reuben D. Mussey was elected Professor of Anatomy and Surgery and Obstetrics in 1814.

In 1838, Dr. John Delamater was appointed Professor of Obstetrics and the Diseases of Women and Children.

In 1841, Dr. Dixi Crosby became Professor of Surgery, Obstetrics, and the Diseases of Women and Children. In 1865, Dr. Crosby relinquished the department of Surgery to his son, and in 1868 he dropped the Diseases of Women, retaining, however, Obstetrics until 1869.

In 1869, Dr. E. R. Peaslee was appointed Professor of Obstetrics and the Diseases of Women, and, in 1871, of the latter separately, this being, as I have already said, the first full and separate chair of the kind established in New England; and while Dr. Horatio R. Storer has the credit of having given the first full course upon Gynæcology ever delivered in America,* in 1865, at Pittsfield, Dr. Peaslee appears to have been the first to follow the example. Dr. Peaslee gave the Dartmouth course upon Obstetrics in 1870, and was succeeded in that department by Dr. C. P. Frost. The Gynæcological Chair he still retains.

At *Woodstock, Vt.*, the so-called Vermont Medical College was incorporated in 1835. Previously, however, it seems to have been in operation; for, in 1830, Dr. Joseph Gallup held the Obstetrical Chair. He was followed by Dr. David Palmer, and, in 1839, Dr. H. H. Childs was the incumbent, attending at the same time to the duties of Professor of the Theory and Practice of Medicine.

* See this Journal, February, 1870, p. 125; and an extract from a letter from Dr. Peaslee, published in one of this Journal's editorials for January, 1872. — W. L.

There was in existence, for many years, another noted school in Vermont, that to which I have already alluded as the Vermont Academy of Medicine, situated at *Castleton*, and connected with Middlebury College.

Dr. Theo. Woodward, as I have said, was its first Obstetrical Professor, being appointed in 1818, and he lectured, in addition to Obstetrics and the Diseases of Women and Children, upon the Principles and Practice of Medicine.

In 1840, Dr. Joseph Perkins was appointed Professor of Obstetrics, in connection with Materia Medica; and in 1842 he had Therapeutics superadded to them.

In the same year, 1842, Dr. Chauncey L. Mitchell lectured upon Physiology, General Pathology, and Operative Obstetrics.

This school, like the last-mentioned, is no longer in existence. The same is true of the Berkshire College, or the Berkshire Medical Institution, as it was long known, situated at *Pittsfield*. Originally established for the purpose of preserving professional equilibrium within the State of Massachusetts, it was in reality a protest by the physicians of the Western counties, against the all-absorbing tendencies of the sea-board metropolis, and for many years it successfully held its own.

At first in connection with Williams College, the Berkshire School was organized in 1823, and established as an independent institution in 1837.

In 1823, Dr. Asa Burbank was elected Professor of Obstetrics.

He was followed, in 1826, by Dr. John Delamater, who also lectured upon Pharmacy and Materia Medica.

In 1828, Dr. S. P. White was appointed Lecturer upon Obstetrics, — a position that in 1829 was given to Dr. C. B. Coventry, in connection with Pharmacy and Materia Medica, and in 1831 the same gentleman had the additional burden to carry of Medical Jurisprudence.

Meanwhile, commencing in 1829, Dr. H. H. Childs

had charge of Theory and Practice, and Obstetrics, during the so-called "reading term," namely, between February and August, of each year.

In 1834, he was appointed Professor of those branches, and in 1862 there was added to them the Diseases of Women.

In 1863, Dr. Wm. P. Seymour was elected Professor of Obstetrics and the Diseases of Women, and was succeeded, in 1865, by Dr. Horatio R. Storer, who lectured upon these branches, and upon Medical Jurisprudence, until the final closing of the school.

At *Yale*, the medical department was organized in 1813. In the same year Dr. Nathan Smith was appointed Professor of Theory and Practice of Medicine, Surgery, and Obstetrics. At a later period, Dr. Jonathan Knight, then professor of Anatomy and Surgery, held the position of Lecturer on Obstetrics, out of regard to Dr. Smith's advanced age.

In 1829, Dr. Thomas Hubbard was elected Professor of Surgery and Obstetrics.

In 1830, Dr. Timothy Phelps Beers was chosen to the Chair of Obstetrics, by itself. He was succeeded, in 1856, by Dr. Pliny Adams Jewett, who held the office till 1863. For the ensuing year the chair seems to have been vacant.

In 1864, it was filled by Dr. Stephen Grosvenor Hubbard, the present incumbent, at whose urgent request, in 1866, the Diseases of Women and Children were appended to the chair.

At *Harvard University*, Dr. Walter Channing was appointed Professor of Obstetrics and Medical Jurisprudence, in 1815. He resigned in 1854, and Dr. D. Humphreys Storer was appointed to his place.

This gentleman resigned in 1868, and was succeeded by Dr. Charles E. Buckingham.

The school connected with the University at *Burlington, Vt.*, was established in 1822.

Dr. Orrin Smith was appointed Professor of Obstetrics and the Diseases of Women and Children, in 1853, the chair not seeming to have existed previously.

In 1858, Dr. Joseph Perkins became the incumbent.

In 1867, Dr. Edward Swift Dunster was elected, and held the position until 1871.

At *Providence, R. I.*, there existed a medical school in connection with Brown University, from 1811 to 1826; its corps of teachers consisting of Drs. Solomon Drown, Wm. C. Bowen, Levi Wheaton, John M. Eddy, Usher Parsons and William Ingalls (of Boston). I cannot find, however, that any instruction in obstetrics was given by either of these gentlemen.

These comprise the schools that have been empowered to confer medical degrees in New England.

There have been several so-called private schools for medical instruction. These have been the *Tremont Street Medical School*, in Boston, established in 1838, at which Dr. D. H. Storer, one of its founders, gave instruction in Obstetrics and the Diseases of Women and Children, from the time of its origin, until it was merged into the Medical School of Harvard University. The *Boylston Medical School*, of which I myself was the President, was established at a later period, in 1847. Dr. Buckingham was here the Obstetrical instructor. The *Portland School for Medical Instruction* was established in 1858, Dr. Robinson, the present Professor of Obstetrics at Bowdoin, having held the corresponding position here since 1866; while, in 1870, a new school of the kind was started at Lewiston, Maine, with the details of which I am not as yet familiar.

From the above histories, which show how completely the diseases of women have been deemed of in-

significant importance, and have been tacked to other departments as a mere appendage, it also appears that as yet not a single school in New England, save Dartmouth, has established a separate gynæcological professorship, as advised so strongly two years since by the American Medical Association,* at the instance of this Society, and as has been done by fifteen of the most influential Medical Colleges in the country.†

Having thus briefly sketched what has been done since their foundation, by the colleges of New England, towards legitimatizing gynæcology, I may speak of the efforts made in this direction by individual practitioners, a work that for obvious reasons was almost impossible till within a very few years; for, until of late, — indeed, the time has hardly yet passed, — whoever has dared to enter this most important and most interesting of all the departments of medicine and surgery has been under the ban of professional ignorance the most profound, and of professional jealousy the most cruel; qualities that have never shown themselves in such perfection as within the last decade.

To Dr. Walter Channing, the first Professor of Obstetrics in Harvard University, there is due great praise for having for a long series of years given especial attention to the diagnosis and treatment of uterine disease. He was, indeed, in many respects, wholly in advance of his time. While still a very young man, he was called to the Obstetrical Chair, which was made for him virtually by Dr. Jacob Bigelow, to offset the arrangement, for offence and defence, then existing between Drs. James Jackson and John C. Warren. There then ensued a double alliance. It was early found, by these four gentlemen, that to combine their forces at any sacrifice, even of personal

* Transactions of the American Medical Association, vol. xxi., 1870, p. 64.

† See this Journal, December, 1871, p. 378.

inclination, was far wiser than to waste their strength in mutual rivalry or conflict. As a consequence, the balance of power was secured, and for nearly fifty years the quartette governed the medical profession of Massachusetts, as with a rod of iron; and even at the present day, with two of them deceased, and the other two fast nearing the inevitable hour, these powers of the past still exercise a baneful influence, in repressing that spirit of independence and self-assertion which should be possessed, in a measure, by every member of a liberal profession, and without which he is no freeman, but the veriest sycophant and slave.

Dr. Channing, by his appointment at the college and his connection with the Massachusetts General Hospital in its earliest years, was at once placed in a position of boundless opportunity. The age in which he lived, however, compelled him, as it were, in spite of himself, to become distinguished as an accoucheur, rather than as a gynæcologist. He will always be remembered with affection by a host of students, and by none more so than those of them who are associated with me in this Gynæcological Society of ours. His name stands second in our list of Honorary Members; Sir James Simpson, whom he himself revered, alone preceding him in the date of his election. The one well typified the Gynæcology of America, as did the other that of the world.

Dr. Channing still lives, at an advanced age, and wholly withdrawn from professional life.

To us, Bostonians, there are other names, of men still living, in the ripeness of their years, who deserve well of all cultivators of our science. Their eulogies some younger hand than my own will write, perhaps, after I myself shall live but in your memory. It is but fitting, however, at the present, that I should say a word of each of them in honorable remembrance.

Dr. D. Humphreys Storer, also one of our Honorary Members, — would that he could have seen it his duty, by a closer affiliation with us by attendance upon our meetings, to have given us, of his large experience, that aid and countenance that every gynæcologist has a right to expect of his elder brethren! — the elder Storer succeeded to Dr. Channing in the Obstetrical Chair of the University. For many years previously, namely, from 1838 to 1854 he had taught, as I have said, in the Tremont Street Medical School; to which, private though it was at first, belongs the proud honor of having initiated that better and more thorough system of medical instruction, which slowly, and aided by much pressure from without, has at last culminated in the late new birth at the Harvard Medical College. Dr. Storer, though not a writer, has been always known as a genial, whole-souled man, devoted to his profession, and beloved by his students, and to his influence, more than to that of any other man, has been due the prosperity that the college has of late years enjoyed. Had it not been for the dastardly treatment to which his son, at the time his class-assistant, was subjected by his associates in the conduct of the school, and which eventuated also in his own withdrawal, Dr. Storer would undoubtedly at the present moment be occupying the chair that he so long honored, and the fulfilment of whose duties he so much enjoyed.

Dr. Charles G. Putnam, of late quite feeble and seemingly old beyond his years, has enjoyed quite a local reputation here as a gynæcologist, more particularly from his having long been the favorite assistant in practice of Professor Walter Channing. The introduction to patients, moreover, that he obtained as son-in-law of Dr. James Jackson, might have secured to him, had he been constitutionally fitted for such

labors, the largest gynæcological practice in New England.

Dr. Putnam at one time was associated, by name at least, with Drs. Channing and Storer, Sen., in a card, that for some time appeared in the columns of the "Boston Medical and Surgical Journal." While setting forth their interest in the diseases of women, the card referred to was undoubtedly intended to lessen the influence of certain professional charlatans. Whatever personal advantages, however, this publication may have had for the gentlemen named, and however it might be viewed by the rules of the American Medical Association, as at present interpreted, certain it is that it served to attract attention to the importance of uterine disease, and to encourage general practitioners to a greater interest in its treatment.

To Dr. Gilman Kimball, of Lowell, or Boston, or both, — for, with an office in both places, it may be difficult for us to fix his real domicile, — belongs much more credit than many of his contemporaries have seemed willing to give him. A pioneer in ovariotomy, or rather I should say, *the* pioneer of it in New England, he began to practise the operation, at a time when every surgeon's hand was against him, and he has pursued his calling with a pertinacity as creditable to himself as his personal demeanor towards others has been, at times, unfortunate. It is to be regretted that the unfriendly relations existing between himself and another Lowell surgeon should have resulted in such rivalry between their respective fee tables, as to have gained for them both an unenviable soubriquet ; for such lowering of the due recompense for services rendered is always an injury to every other member of the profession.

Dr. Kimball was among the earliest appointments to Honorary Membership by this Society, and the compli-

ment had been fairly earned, as I have already intimated, by his long warfare in behalf of the rational treatment of ovarian disease. The appointment, I am sorry to say, he has never acknowledged. Dr. Kimball has probably not known that, for his nomination, as also for carrying his election in the face of a warm but honest opposition, he was indebted to one whom he had previously seemed to try to injure, our Secretary.

Dr. E. D. Miller, of the Dorchester District, as one of the older gynæcologists of this neighborhood, deserves also a passing word. Years ago he shared, with Channing and Storer, Sen., the reputation of doing the largest practice among women, in New England; and had he been as inclined as they, or perhaps I should add, as anxious as they, to impart his knowledge to his professional brethren, as becomes every member of a liberal profession, we should have earlier heard of intra-uterine scarification. One of the great advantages extended to medical men by a Society like our own is the opportunity it affords for mutual instruction and improvement, as is so prominently stated in our Constitution; and it is no less an advantage, that, by direct and frequent personal intercourse, rivalries can be forgotten, and animosities buried. Therefore, I was grieved that Dr. Miller declined to meet with us, as he was so cordially invited to do, by a resolution, at one of our earliest meetings; the more so, as the complimentary appointment referred to was made at the instance of the same gentleman to whom I have just alluded, and whom we have all of us found as ready always to forgive as to resent an injury, and whom, I believe, I think with you all, to have been foully wronged by those who have represented him as quarrelsome, vindictive and implacable, — our Secretary. But who of us is there who has not his enemies?

I pass from these older men, to you, my gynæcological associates, — may I not say, to-night, my professional children. You it is, and those affiliated with you by corresponding membership, that represent the bone and sinew, the heart and the marrow, of gynæcology in New England. The claims of your co-laborers in this field have been carefully and impartially examined by a committee of your number, appointed for the purpose, and your apportionments of the compliment have been made, I believe, fairly and without fear or favor. At home, as abroad, connection with this Society has come to be considered as indeed an honor. With the list of active members at the present time nearly as full as is permitted by your Constitution, you have found that in proportion as you honored the Society by joining yourselves to its fortunes in those doubtful days of its early beginning, so have you been honored in return, by the reputations you have gained, so widely at home, and in distant lands, through its published transactions.

If you continue as interested in the time to come, the increase of your scientific fame will be proportionally rapid and sure. That there are those, our neighbors here at home, who, by their tastes and preliminary education for the work, belong here to-night with us, and yet, through a lingering fear of the merest shadows, still hold aloof, of course grieves me, as it must you all; but, from past experience, I have faith in the future, and though fellow-laborers delay their coming even till the eleventh hour, we shall receive them as our brethren. They may not appreciate, as the world at large may not, the toils and anxieties and misinterpretations that you have undergone while establishing, broad and firm, the Society's great influence, but in proportion as they may have seemed thus to have gained, as regarded the creature comfort of an inglori-

ous ease, they have in reality lost, as regarded that proud consciousness possessed by each of us earlier members, that it was in us that lay the creative power.

It would hardly be right for me to speak by name of any of the younger men, still in the flush of their earnestness and influence, who are doing so much among us to establish for gynæcology its rightful place among the departments of medicine. Almost without a single exception they are members of this Society. There is not, I am confident, a single one who has not been invited to attend its meetings, and to offer himself as a candidate for its membership. Can I, however, fail to speak of our "ruling spirit," as he has truthfully been called by those who have opposed this organization, acknowledging, as they have done, by their very fear of him, his power.

He was practically the first in this country to recog-cognize gynæcology in all its length and breadth, as a distinct department of medicine, I should almost say indeed a distinct science; and while I appreciate all that Sims and a host of others have done to perfect special operations, and to advance our knowledge of certain isolated diseases, I believe that to him, above them all, is owing the present enthusiastic recognition of the diseases of women by the great mass of the American profession. By his influence at home, and in the National Association, and by those ringing editorials it has always been my delight to endorse, — so long and so convincingly pointing out the necessity of the reform,—it is to him more than to any other man, beside the President of Harvard University, that those masterly changes have been made which have regenerated the Medical School of this city, and have placed it again in advance of all others in America.

Sooner or later, — patient as ever, he is biding that

time, — it will be found that, in the great professional chess-match of our time, it is he that has won. To me, who have studied that game from its very commencement, it has seemed a contest of giants; but, though with all odds at first against him, it is now evident enough that our friend is the victor. For long it seemed that this must be impossible, so great were the efforts made to break him down and drive him from the city. Seeming losses, however, immense though at the time they may appear to be, are sometimes, in the end, but greater gain.

I have spoken of the stimulus given, though ever so faintly and hesitatingly, to gynæcology by our New England colleges. It is but right that I should acknowledge the earnest men, their students, who, interested in our science, but till now ununited, have been practising their art, all alone, throughout the hills and valleys of New England. Much good work has been done by them, of which the profession at large has known nothing. It has been lost to the world, for want of just such a channel of communication as we afford. I trust that the "Outline History," of which I have more than once spoken, may be the means of eliciting a host of original communications, to be read at our meetings and published in our Journal, from those who are and those who are not not our immediate members, upon the past and present of New England Gynæcology.

Gentlemen, the year that has passed, has been one of renewed effort, patience, success. Our work has been pronounced well done, by eminent scientists at home and abroad. It has been shown to be so, by the kind frequency with which all the medical journals have quoted from our proceedings, by the favor our suggestions have received from the National Associa-

tion, and by the lessening rancor with which our doings have been treated at home. The number of applications for distant membership, by distinguished men, has greatly increased, while through the vigilance of our Committee upon Membership it is believed that our register has been kept stainless. By our Constitution we recognized the authoritative power of the American Medical Association, through whose influence we have been able so to straighten affairs here in Massachusetts; and we hope in the future, as thus far we have done, to be of still greater assistance to the State Medical Society and to the University.

Though my mind and heart are full, I must leave much unsaid that I had intended. Need I add, that so long as I live, that mind and that heart will be with you. You will continue, as you have done, "tenebris educere lucem." I can only hope, that my successor in this honorable chair may find the gratification it has ever afforded to myself.

NOTES OF SEVERAL CASES OF UTERINE TUMOR.

By Kimbal Favor, San Francisco, Cal.

[*Communicated to the Society, and read December* 5, 1871.]

Case I. — Fibro-cellular intra-uterine polypus. Dangerous flooding. Removal by torsion. Recovery, with subsequent pregnancy.

Mrs. G., widow, aged twenty-nine, has had two children, the youngest of whom is now two and a quarter years old. She always enjoyed excellent health until the birth of her last child. Since then she has suffered from debility, itching of the loins, and frequent expulsion of air from the vagina when she stooped, or kneeled.

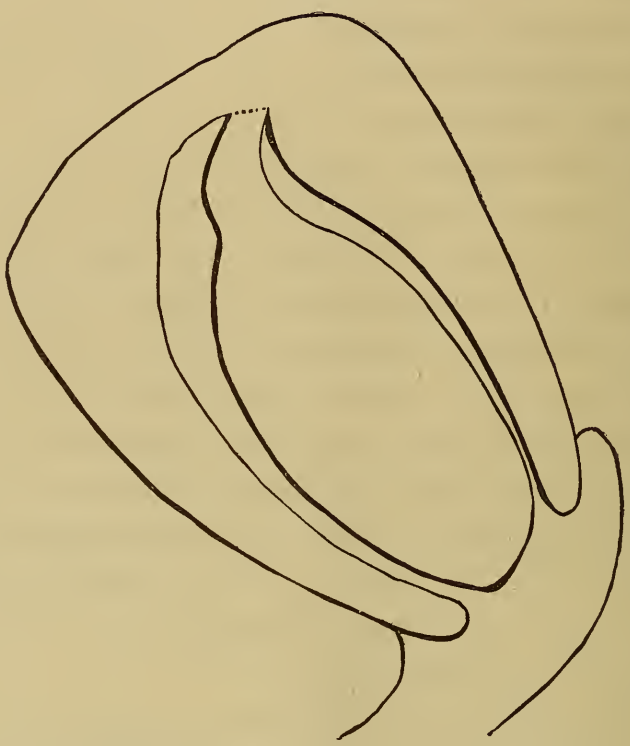
Her menses, which were always regular once in four weeks, before her last confinement, have never been so since. Since then the menstrual interval has always been as much as five, sometimes six, and on one occasion seven weeks. The last interval has exceeded any of the others. It is now twelve weeks since she menstruated. Bowels constipated, — have not moved for five days; violent headache; pulse 100, corded. The mammæ are painful, and sore to the touch. No hypogastric pain. A slight sanguineous discharge is oozing from the vagina. Os not dilated. The posterior labium uteri was natural in form, but the anterior was hypertrophied to the thickness of seven-eighths of an inch. It was tense, and resistent to the feel.

Suitable remedies were prescribed for her general condition, and the next day the womb was examined with Simpson's sound. It entered about an inch, when it impinged against a firm body occupying the passage. Anteriorly, posteriorly, and laterally, the sound could be passed up further. There was a constant oozing of blood from the vagina.

Ergot was prescribed for the purpose of inducing uterine contractions and forcing down the tumor. During the next two days she had several profuse floodings accompanied by hypogastric pains. Ergot always arrested the flow, and to my surprise it relieved the pain also. On the third day I was called in suddenly, as alarming symptoms had supervened. Flooding had returned and was very profuse. The ergot which I ordered had not been given after I left. She was nervous, hysterical, faint, thirsty, and very pale. Gave ergot ʒj immediately.

The os was dilated so that three fingers could be introduced. Holding down the womb with the fingers of one hand pressed firmly on the hypogastrium, I carried the index finger of the other into the os as far as

I could reach, and felt an oval tumor, as large as a pullet's egg, pendant, — supported by a pedicle one-third of an inch in diameter, which I could trace upwards to its attachment in the posterior wall, as shown below. The flow of blood now was pro-



fuse and dangerous. I could feel it trickle in a stream on my hand. Her countenance was blanched and she fainted from loss of blood. She was now deathly pale, the extremities were cold, no pulse could be felt at the wrist, and the skin was covered with a profuse perspiration. Realizing that no time was to be lost, the polypus was instantly seized by its pedicle, crushed, and twisted until the pedicle gave way and the polypus was removed. The hemorrhage, with the exception of a slight oozing, immediately ceased.

The polypus was fibro-cellular in structure, and was attached by a pedicle two and a half inches in length. She continued to discharge a few drops of fresh blood every

day for about six weeks, when it disappeared. After her recovery I asked and obtained permission to make a vaginal examination. The hypertrophy of the anterior lip had entirely disappeared.

Subsequent to her recovery the menses always returned regularly, once in four weeks.

She married within a year, became pregnant soon afterwards, and has since given birth to a healthy child.

Case II. — Intra-uterine fibroid tumor. Flooding for two years. Sterility for eight years. Removal with the ecraseur. Recovery and subsequent pregnancy.

Mrs. C., married, aged thirty-nine. Nervo-bilious temperament. Has had two children.

Always enjoyed good health until the birth of her last child, eight years ago. She has not been pregnant since, as she knows of, and her health has been continually poor. Her courses, however, have always been regular in the time of their appearance, and so far as she knows in quantity, until two years since; then the menstrual period was unduly prolonged for one period, and when it came on it was excessive in quantity and duration. Since then the interval has been gradually shortened, and the flow has been profuse and protracted, until, for the last six months, she has flowed more than three-fourths of the time.

She is blanched, emaciated, and debilitated, from excessive loss of blood; complains of sacral and pelvic pains, and tenderness in the pubic and iliac regions. The bowels are constipated and digestion feeble. Yet she rallies quickly when the flow is for a few days suspended, has a fair appetite, and good spirits.

Some floodings, more profuse and protracted than usual, alarmed her and her friends, and on the sixth of September, 1868, I was called in and made a vaginal examination.

The womb was low, and the os open enough to re-

ceive the end of the finger. About an inch within the os could be felt the end of a conical tumor. The sensation of firmness and form communicated to the finger, by touching the tumor, was about the same as that which would be felt by touching the apex of the heart of some small animal.

The sound passed into the womb on the anterior aspect of the tumor, two and a half inches; on its posterior aspect, one and a half inches.

From these data, my diagnosis was an intra-uterine



fibroid tumor, like the wood-cut, attached to the posterior uterine wall by a broad base, near, and perhaps, partly upon, the fundus, and about one and three-fourths inches in length.

On the 17th September, a sponge tent, two and a half

inches long, was pushed completely into the womb and left there. Before its introduction I made a careful vaginal examination, and although the finger was passed more than an inch into the cervical canal, yet no tumor could be felt. The womb had ceased its contractions, and the tumor had receded beyond my reach.

The sponge remained in for eighteen hours. When it was removed the os was well dilated. The tumor could now be felt, of apparently the same form, size, firmness, and attachment as before described.

It was seized with the toothed forceps, and an attempt made to cut it away; but its attachment was so broad that the wire would slip down over the apex of the tumor in spite of all my efforts to the contrary. I now laid aside the ecraseur, and attempted to crush and remove the tumor with a pair of strong forceps. In this I did not succeed much better, owing to the tumor being so firm in structure and globular in form. I had unwisely allowed the husband to be present, and he was so frightened at what appeared to him to be so horrible an operation, that I was, much against my wishes, compelled to postpone its completion to a future period.

To guard against hemorrhage, the tumor was cauterized with nitrate of silver over the whole surface, as far as I could judge.

After this she had no hemorrhage for ten days, except a little sanguineo-purulent discharge; when it came on profusely, and exhausted her so that she could scarcely speak above a whisper. This was arrested for three days by a piece of alum, left against the os. After this, two or three ounces of comp. tr. iodine were daily injected into the womb, with the effect of nearly suspending the hemorrhage. Meanwhile there were at times strong uterine contractions, of which the patient

bitterly complained, but which I was glad to see, as they were forcing the tumor downwards.

It continued to descend until the 9th of October, when it was protruding from the os into the vagina, about an inch. It was seized with the toothed forceps, and cut away with the ecraseur without difficulty.

The troublesome hemorrhage which Mrs. C. had endured so long, was immediately and permanently arrested. She gradually regained her health and strength, and within eighteen months of the operation she gave birth to a living and healthy child.

The tumor was of a firm fibrous structure, almost as hard as cartilage, and about the form and size of a large duck's egg.

Case III.— Fibrous polypus of the uterus. Profuse floodings. Pelvic peritonitis and pelvic abscess. Removal of the polypus, opening of the abscess, recovery.

Mrs. S., married, aged thirty. Menstruation commenced at about sixteen, and continued regularly once in four weeks, without much pain, lasting three days, until about September, 1867.

She then began to have dysmenorrhea, and the menstrual flow gradually increased in quantity and duration. In December, 1867, was married. Her courses continued regularly afterwards until June, 1868.

They were then suspended, and she had constant nausea, darting pains in the breasts, and malacia, until August, at which time, while engaged in some laborious work, in a stooping position, blood gushed suddenly from the vagina. She did not see any fœtus, but a woman who was present at the time picked something from the floor, which she said was "a child surrounded by a skin." From this time the flow continued most of the time, for about three months. It was sometimes

accompanied by intermittent hypogastric pains. Sometimes it was profuse, sometimes moderate. When the flow began to cease, she had severe pains in the left inguinal region. She does not know whether there was then any swelling there or not. A physician who attended her told her that she had a swelling posterior to the womb, and a fibrous tumor in the womb. She gradually recovered from this attack, and enjoyed comfortable health until August, 1869. The dysmenorrhea, however, continued. Menstruation lasted about a week, and was very profuse.

In August, 1869, she missed her courses once, but cannot tell how long she passed beyond the menstrual period. She then had a severe attack of flooding, which continued nearly every day for several weeks, preceded by, and accompanied with, intermittent hypogastric pains. As before, she also had, consentaneously with the cessation of the flow, severe pain in the left inguinal region, and a hard swelling could be felt there, very sensitive when touched with the hand. She had dysuria, and painful and difficult defecation. A vaginal examination was made, but she does not know whether there was a retro-cervical swelling or not. She recovered after a confinement to her bed of five weeks. The dysmenorrhea and the protracted and profuse menstruation continued as before.

In December, 1869, and January, 1870, she did not menstruate, with the exception of a slight show at each menstrual period. February 15th, she commenced flowing, and flowed profusely for six days. The flow was preceded by, and accompanied with, the usual pains. Then it was suspended for seven days. It then commenced again, and continued every day for thirteen days, at which time it was arrested by an operation, of which I shall presently speak.

I was first consulted by her on the 1st of March,

1870. She had that day commenced flowing, accompanied with intermittent hypogastric pains. There was severe pain in the left inguinal region, which had existed several days. That and the hypogastrium were very sensitive to pressure. At the site of the inguinal pain, a hard, immovable oval swelling could be felt, about one and a half inches in diameter, the most prominent part of which was about one half inch above the internal abdominal ring. It extended downwards towards the pelvis, but the tenderness on pressure was so great that I could not trace it into the brim.

Another hard tumefaction was felt, immediately above the symphysis pubis, about the size and form of the large end of a hen's egg, apparently attached to the womb.

There was another tumor in the right groin, above Poupart's ligament, near the ilium, about the size of a pullet's egg, with its long diameter running upwards and downwards, movable, situated apparently beneath the muscles. The latter has never been painful, and is not sensitive on pressure.

Examination per vaginam showed the womb low, and the os sufficiently dilated to allow the introduction of the finger without difficulty. About an inch within the os could be felt a firm, fleshy, conical substance, more than an inch in diameter from side to side, less from the front backwards, occupying the interior of the womb, and extending up farther than the finger could reach.

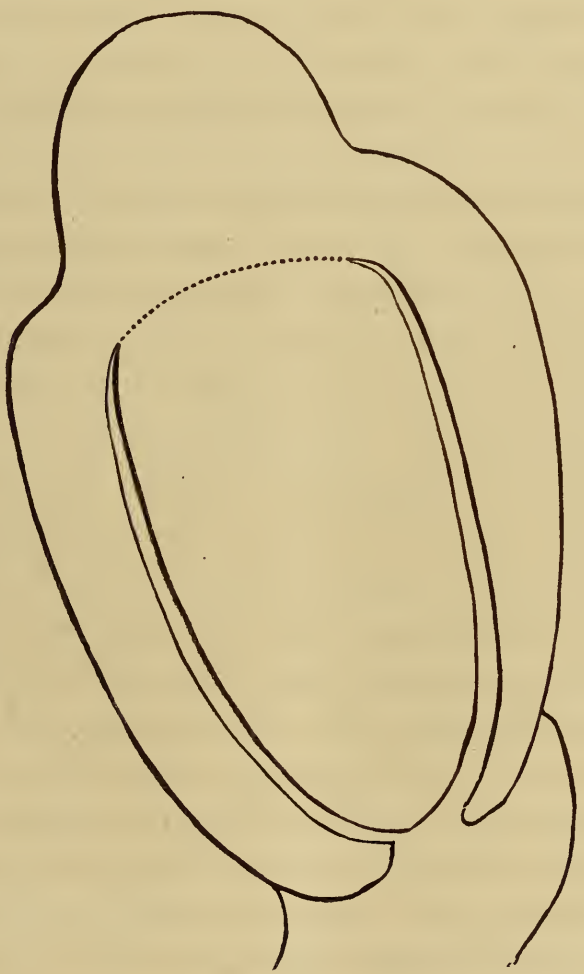
This was evidently a fibroid polypus, and accounted for the intermittent pains and excessive floodings to which the patient had been subject.

Posterior to the cervix, behind the vagino-rectal cul-de-sac was a tumefaction, very tender to the touch, painful, hard, and immovable by any force the patient was willing to bear. It pressed firmly against the pelvic wall on the left, and the rectum behind. It extended

to the right as far as the right side of the cervix. Its apex was on a level with the os.

Examination per rectum showed that the tumor extended upwards farther than the length of the finger, and that its antero-posterior diameter was greater above than below. No fluctuation could be distinguished by either vaginal or rectal examination. It was too much impacted against the womb to determine, by an examination, whether they were united or not.

The exterior labium uteri was somewhat hypertro-



phied. The above diagram shows the form and size of the womb and the tumors, and their relative position

to each other, so far as an examination per hypogastrium, per vaginam, and per rectum, could determine.

The 1st and 2d of March, the flow was profuse. It then diminished, so that by the 6th, there was only a slight continued oozing. I now made a careful vaginal examination, and found the os much less dilated than it was a few days before, and no intra-uterine tumor could be felt. The retro-cervical tumor had increased in size.

The flowing now increased, and for four days she saturated from ten to twelve large napkins daily. During this excessive flow the os opened again, so that I could introduce the finger and feel the tumor; but not sufficiently for an operation for its removal. On the 12th, she commenced taking flu. ex. ergot ʒj. every six hours. This caused uterine contractions, diminished the flooding, forced down the tumor, and opened the mouth of the womb sufficiently for an operation, without the use of sponge tents.

On the 13th, the toothed forceps were introduced within the os and the tumor seized. Having the womb now completely under my control, it was easy to perceive that the hypogastric tumor moved consentaneously with its movements, and only then; thus demonstrating its attachment to that organ. The loop of the wire of the ecraseur was now carried over the forceps, and pushed up into the womb, around the tumor as far as possible, and the screw tightened. Continuing to turn the screw, the wire was felt to bury itself in the walls of the tumor. But its texture was very firm, and the tension on the wire so great that it snapped and parted. The wire was now removed, the index finger of the left hand pushed into the womb to protect its walls, the curved scissors introduced between the finger and the tumor, and nicks made in-

to it to afford a lodgment for the wire. Another wire was now introduced, the tumor cut away and removed. It is of a firm, fibrous structure, flattened antero-posteriorly, three inches in length, and one and three-fourths in breadth.

The woman bore the operation with fortitude, without any anæsthetic. The homorrhage immediately ceased, and there has been no return since. An examination immediately after the operation showed the cervix an inch lower than the retro-cervical tumor. This, coupled with the fact that the womb was straight during the operation, was evidence that the retro-cervical tumor was neither an extra-uterine tumor nor a retroverted uterus. Furthermore, Simpson's sound was carried into the womb with its concavity anteriorly, three and a half inches, several days after the operation.

For nine days after the operation the patient seemed improved. She took some nourishment, and with the aid of anodynes slept tolerably well. The inguinal tumor was less tender on pressure, but it and the retro-cervical were unchanged in size. Defecation, however, was difficult and painful, and injections did not afford their customary relief.

On the 22d, she had a chill of a half hour's duration, followed by inflammatory fever and pain in the left inguinal region. The abdomen was tympanitic, and its lower part, especially on the left side, extremely tender on pressure.

Forty-eight hours afterwards, she had another chill, followed by a fever of three weeks' duration. There was difficulty of defecation, ischuria, hypogastric and inguinal pains, and neuralgic pains darting down the left thigh.

On the 29th, my note-book reads as follows: "The swelling, heat, pain, and tenderness in the inguinal

region have increased. The tumefaction there is hard and tense, and extends from within one-half inch of the ilium, to the median line, and can be traced through the abdominal walls to the pelvic brim, which it seems to enter. The retro-cervical tumor has also increased. It fills the left side of the pelvis, and extends to the right, beyond the cervix. It is pretty firm to the touch, though it can be indented somewhat with the finger. Pressure upon this with the index finger of one hand, while the fingers of the other press upon the swelling in the iliac region, produces a perceptible impulse, which is communicated from one of these points to the other."

It is fixed in its location, and does not move laterally when the woman turns to her right side, nor can it be moved upwards with any force she can bear.

March 30th. The retro-cervical swelling is larger than it was yesterday. It fills the pelvis from one side to the other, and rests on the perineum below. It is hard to the feel, very sensitive when touched, and cannot be moved a particle.

April 15th. She continued to have fever, anorexia, and nausea to the present time, also a continual "burning pain" in the left inguinal region. The left thigh cannot be extended, nor can she move it at all, except with her hands. Her principal sustenance is milk, with limewater and egg-nog. A soft place as large as a dime can be felt in the tumefaction, half an inch above the internal ring, just where it was most prominent at my first examination on the 1st of March. The retro-cervical tumor has considerably diminished in size.

April 18th. The abdominal walls are somewhat elevated and have a boggy feel, over a surface three inches in diameter, extending from the internal abdominal ring to the median line, and downwards to the pubis.

Just over and above the internal ring there is less resistance to pressure than anywhere else, and there it is evidently where an abscess tends to "point."

To avoid the round ligament and superficial epigastric artery, the knife was introduced an inch above the ring, to the outer edge of the soft spot, in order to keep at a safe distance from the deep epigastric artery. It was pushed down an inch, but no matter appeared. A director was now pushed down half an inch further, and I had the satisfaction of seeing a few drops of pus in the groove. A free opening was now made with the knife, and from two to three ounces of laudable pus were discharged. The little finger was now introduced into the wound and the cavity of the abscess explored. The finger could feel its outer boundary near Poupart's ligament, the inner at the median line, the upper on a level with the opening, and the lower at the crest of the pubis. A cord was felt running from the abdominal wall just below the incision, upwards and outwards to the floor of the abscess, into which it entered. This I have no doubt was the left round ligament. Other cords were felt nearer the median line, where the epigastric vessels pass upwards between the transversalis fascia and the peritoneum; but, in my haste to complete the examination, I did not feel whether or not pulsation could be detected. The floor of the abscess was indurated, and rough, like a piece of tripe. No openings were discovered leading to deeper tissues, though such may have existed. Certainly the cavity I explored did not extend down into the retro-cervical tumor, though it may have communicated with it. The abscess continued to discharge laudable pus for a week, then sero-pus, and lastly serum, and healed in about three weeks. She improved daily after the operation, her appetite returned, her bowels were less obstructed, and at

length moved without difficulty. The inguinal and retro-cervical tumefaction was gradually absorbed. Three months after the operation a little hardness only was felt in each place. Menstruation did not appear till three months after the operation, since which time it has recurred regularly once in four weeks, lasting three days. Up to the present time, September, 1871, she has been entirely free from any perceptible derangement of any of the pelvic organs. She has not conceived.

REMARKS.

In this complicated case we have combined an intra-uterine and an extra-uterine tumor, pelvic peritonitis, and pelvic abscess, and, perhaps, an enlarged ovary.

The commencing dysmenorrhea and lengthened menstrual periods, two and a half years before the operation, may be considered as the first manifestation of the presence of the intra-uterine tumor. She evidently became pregnant while carrying the tumor, and aborted in the third month, when she was sick in August, 1868. She then had pelvic peritonitis, with effusion into the peritoneal cavity, as evidenced by the pain above the left groin and the rapid formation of the retro-cervical tumor, and other symptoms. The inflammation at length subsided, the effused lymph was absorbed, the retro-cervical tumor disappeared, and she regained her health after three months' illness.

Then she enjoyed tolerably good health for nine months, till August, 1869, when, after a prolonged menstrual interval, with no other symptoms of pregnancy, another profuse and prolonged flooding occurred, followed by all the previous symptoms of pelvic peritonitis. At this time the hard spot appeared in the inguinal region, and never afterwards disappeared, exactly

where I opened the pelvic abscess. After confinement to her bed for five weeks, she again recovered and was able to attend to her business — dressmaking — for nearly nine months, when she had the last of the most severe attacks she has ever had. This time menstruation was absent three months. But there were no evidences of pregnancy, except the amenorrhea, nor was anything like a fœtus seen in the discharges.

The uterine tumor was the focus of irritation, from which started all the trouble. It caused the dysmenorrhea and prolonged menstruation. Its presence irritated the womb and stimulated it to contraction; thus causing the hypogastric pains and the menorrhagia.

The order of recurrence of all her attacks except the first were, first the hypogastric pain, then the flooding, then the inguinal pain, and, lastly, the inguinal and retro-cervical swelling.

What caused the inguinal pain? Was it obstruction of the left Fallopian tube at its uterine orifice, thus retaining its secretions and developing a cyst within its walls? Was it regurgitation of blood from the womb through the Fallopian tube into the peritoneal cavity, and the development of inflammation there? Was it caused by an inflammation of the mucous membrane of the womb, caused by the presence of a foreign body, extending up the Fallopian tube and producing ovaritis, in the same manner that urethral inflammation in the male produces orchitis?

Whatever the cause, there was no doubt effusion of lymph and serum, causing adhesions to the retro-cervical tumor.

The left ovary, inflamed and enlarged, or the upper portion of the left broad ligament, thickened by inflammation, had perhaps adhered to the peritoneum lining the anterior abdominal wall, causing the left inguinal

tumor. Into the pouch of peritoneum below this point of adhesion, between the broad ligament and the abdominal wall, serum and perhaps lymph are supposed to have been effused, causing the retro-cervical tumor.

The pus was discharged from the cellular tissue between the transversalis fascia and the peritoneum.

Its origin was perhaps deeper in the left broad ligament, the left ovary, or the peritoneal cavity.

What is the pathology of the oval tumor in the right inguinal region? Is it a cyst developed in the right broad ligament or Fallopian tube? I think not, because she has never had any pain there. Is it an enlarged, deep-seated lymphatic gland? Probably not, for its movements are too free. To me it appears most probable that it is the right ovary somewhat enlarged.

The hardness felt above the pubis is evidently an extra-mural tumor developed from the superior wall of the womb, and is probably of the same nature of the one which was removed from its interior.

It gives her no trouble, and, as it is above the pelvis, it probably never will unless it increases much in size.

(*To be continued.*)

GYNÆCOLOGICAL SUMMARY.

II.

We proceed with our report of the cases of Uterine Sarcoma, by Dr. Hegar, of Freiburg, contained in the first part of the second volume of the "Archiv fur Gynæcologie," of Berlin.*

Case III.—Mrs. B. menstruated at eighteen; she was regular the first year; the next six months she suffered from chlorosis and amenorhœa; she miscarried at twenty-one. From this time the menstrual interval

* Loc. citat., II., No. 1, p. 29.

was from fourteen to twenty-one days, with a fluor albus in the interval, attended with cramps and globus hystericus. In her twenty-seventh year she became pregnant again, and again miscarried; the latter was attended with severe hemorrhage. From this time on, the menses appeared every twenty-one days, with profuse fluor albus in the interval. At thirty, they were absent six weeks, when labor pains set in, and expelled a firm dark mass. Severe hemorrhage followed. The patient dates her disease from the latter event, from the fact that, with the exception of a short time, the hemorrhage was induced by the least excitement. Dr. H. saw the patient five months later, and found the cervix in a normal position, the uterus movable, though the fundus was thickened yet not displaced. The walls of the cervix felt soft; the cavity was open as far as the inner sphincter. The sound entered eight and a half centimetres in a straight direction. Upon dilating the uterus, a soft tumor was found high up in the fundus, which was removed. The hymen was intact but dilatable; the uterus in a normal position, the vaginal portion apparently normal. A second operation was followed by marked improvement. The patient died nine months later, after severe hemorrhages, and dropsy with albuminuria.

Case IV.—Miss A. K——, aged forty-six, had been in good health, and had regularly menstruated. The last ten years the catamenia have occurred every fourteen days, very profusely, lasting four to five days, and attended with severe pain in the sacral region and loins. The latter symptoms were present also in the interval. The past nine months there has been an almost continual flow of fetid hemorrhagic discharge. There was a marked degree of anæmia. The appetite remained good, bowels regular. The uterine cavity measured eight and a half centimetres. On account

of the extreme narrowness of the cervical cavity, small incisions were made at each side, and the uterus dilated with sea-tangle. After this a soft tumor was detected, occupying the fundus; the latter was removed and treated in same manner as in Case III. Microscopic examination established the following: Scanty fibrous formation of the base, with numerous cells imbedded. The latter were generally small, even smaller than white blood-cells, each holding a distinct nucleus. It is eight months since the operation; the patient is quite well, and attends to her duties. She is cachectic, and flows occasionally. There has been no examination since.

Case V. — Mrs. ——, aged 47; widow; twice married; no children. First menstruated at seventeen, and regularly; between the seventeenth and twenty-fourth year she became chlorotic, and then ensued complete amenorrhœa. Later the menses appeared every twenty-one days; lasted five to six days, and later eight without pain. Since two years she has suffered from menorrhagia, and metrorrhagia, which often lasts from twelve to fourteen weeks. Pain is attendant only during expulsion of clots. The vaginal portion lies low and backward, is somewhat swollen, but on the whole normal; os is patulous and slightly eroded. The enlarged ante-verted uterine body is felt through the anterior wall of the vagina. Its cavity measured 8 cms. On examination after dilatation of the uterus, there was detected within the cavity numerous uneven tumors, some with broad bases, others more pediculated. The latter were removed as well as possible with forceps, and thoroughly cauterized. An examination of the portions removed gave the same results as in the foregoing cases. The operation was followed by slight perimetritic inflammation, which soon yielded to prolonged rest. The patient married for the third time four weeks later. Five

months subsequently she was in the enjoyment of good health, and menstruated regularly, but rather profusely. A short time after, she was attacked with symptoms of peritonitis and obstinate constipation. Dr. H. saw her six months after the operation; she was then in a most miserable condition. The abdomen was distended and sensitive. There was a continuous bloody and offensive discharge. By palpation, large, irregular, immovable nodular tumors, reaching almost to the navel, were detected. The vaginal portion was unchanged. Through the anterior walls of the vagina there was felt a large immovable tumor.

Case VI. — Mrs. W., the wife of a colleague, aged twenty-eight, had formerly enjoyed good health. She had given birth three times. At the one before the last she suffered from an attack of utero-peritonitis. She had menstruated profusely since the last two and a half years, with more or less hemorrhage in the intervals. Six months ago, a small polypus was discovered hanging from the os uteri. An operation was proposed for its removal; but before this was undertaken it was spontaneously expelled. The catamenia afterwards appeared at the regular period and lasted eight or nine days. Upon the third, a weak solution of the persulphate of iron was applied to the uterine cavity, whereupon the quantity of blood lost during the period was lessened, and it was arrested in the interval. The patient was very anæmic. The vaginal position of the cervix was in its normal position, but enlarged. Upon palpation, an even and movable tumor, the size of a child's head, was discovered connected with the uterus, and extending upwards as far as the umbilicus. The cervical canal admitted one finger, but was more largely dilated at its upper third. At this point the finger came into contact with a tumor the size of a small chestnut, which arose by a broad base from the posterior

wall. By introducing the finger upon the antero-posterior surface of the tumor the inner sphincter was easily felt, and still higher up the walls of a larger tumor. The surfaces of both were quite smooth, especially the anterior ones. The consistence of both was quite peculiar, and unlike that in the cases described above. While these latter were of a soft, friable nature, in the present case the structure was firm and unyielding, like fibroid or elastic tissue, and giving the impression of fluctuation. It was impossible to procure the smallest portion for examination. Inasmuch as these same symptoms are present in myoma of the cervix and fundus, the nature of the tumor was considered doubtful. The fact of the affection having been of two years' standing favored the possibility of its being non-malignant. A few days later all doubt was removed. After several weeks of severe pain, attended with hemorrhage, the uppermost tumor was expelled through the inner sphincter, and the lower one through the os externum. A small portion was now removed for examination. The covering, or capsule, was two millimetres in thickness, was firm and resistant, and under the microscope was found to consist of connective tissue with a few spindle-form cells. At certain points its tissue was softer, and consisted of a friable, perforated, fibrous structure, covered by a layer of epithelium containing cylindrical cells. The mucous surface exhibited evidences of degeneration. Glandular tissue was nowhere found. There were portions where the epithelium still remained intact, and others where there were fibroid degeneration, thickening, and other results of inflammatory processes. The latter was especially marked in the vicinity of the sarcomatous tissue, and contained round cells. That portion near the muscular layer was particularly interesting; it contained soft, perforated masses of fibrous tissue, which held numerous

spindle-form and star-shaped cells that were undergoing enucleation and cellulation. At other points there were present small muscular cells, thicker and shorter than usual, but showing plainly the star-shaped granule. An operation was not desired. I heard from the patient eight months after. For the last five months she had been quite comfortable. The flowing in the interval of menstruation had occurred but rarely. The menorrhagia was treated by astringent applications. During the past three months there had been considerable discharge, containing not unfrequently small portions of the tumor, which had sloughed off. The tumor had lessened generally, and the os was quite free; her general condition, however, was much worse, and she suffered from symptoms of blood-poisoning.

We have not space for Dr. Hegar's two remaining cases of "mixed tumors."

Dr. Solowieff of Kasan, Russia, reports a case of Inflammatory Dysmenorrhœa, and gives a summary of our present knowledge of the menstrual decidua.

Dr. Franckel, of Breslau, has an article upon Fibrous Polypi, illustrated by several cases; and Prof. Breisky, of Berne, reports an instance of Utero-vaginal Abscess as the result of atresia of one of the lateral portions of a bifid uterus.

The second part of Vol. II. of the "Archiv" contains

TWO CASES OF SINGLE HÆMATOMETRA WITH DOUBLE UTERUS AND VAGINA IN ADULTS.*

By Dr. Ludwig Neugebauer, of Warsaw.

Case I. — R. G., a Jewess, aged nineteen, had, with the exception of a severe attack of typhus fever in her eleventh year, always enjoyed fair health. She first menstruated at seventeen. The menses were very pro-

* Archiv für Gynæcologie, Berlin, II., No. 2, 1871, p. 246.

fuse, lasted six days, and were attended with severe pain in the loins and pelvis. Shortly afterwards there presented in the left hypogastrium a tumor the size of a fist. At the cessation of the menses the pain lessened, but did not cease entirely. The tumor remained unchanged. At the return of the menses, four weeks after, they were again profuse, and attended with the same amount of pain, which also subsided as before at their cessation. The tumor since the last period had perceptibly increased. At this period the same set of symptoms were present. After this, without any apparent cause, the catamenia failed to appear. She was now comfortably free from pain, and able to attend to her duties, which she was not able to do during the catamenia. The tumor remained in statu quo. In this condition she remained for a long time. In 1869, she placed herself at a water-cure establishment, and remained there four weeks. Upon her return home the menses reappeared with all the former symptoms, and as before subsided upon their cessation. At the end of October the menses returned again, attended by the same symptoms. I saw the patient in November, and then found her in bed, complaining of a dull, heavy pain in the pelvis, sacral region, and loins. It was located in a round but long tumor, which arose from the pelvis upon the left side and extended to the umbilicus. This was situated immediately beneath the abdominal walls, and perfectly free, of an even surface, sensitive upon pressure, and pediculated. It extended seven centimetres above the pubis and occupied a point two and a half centimetres from the linea alba. By the vagina, the tumor was felt lying at the brim of the pelvis, filling this almost completely. It was situated between the bladder and vagina, with the largest portion to the right of the median line, as was demonstrated by the catheter introduced into the empty bladder. The vagina

was so stretched that its extremity could only be reached by an instrument introduced thirteen centimetres. By the sound, its connection with the uterus was easily established. A bi-manual examination gave evidence beyond a doubt of a fluctuating tumor. Rectal examination afforded nothing of importance.

The following diagnosis was concluded upon: 1st. Double uterus and vagina. 2d. Atresia of the lower portion of the imperfectly developed vagina of the right side. 3d. An accumulation of menstrual fluid in the corresponding utero-vaginal canal. On the 10th of the month, the tumor, which now protruded from the vulva, was opened by a bistoury, and the outlet thus made was subsequently enlarged, a large quantity of a characteristic fluid escaping. The patient passed a fair night, the discharge continued, but less profusely. On the 12th, she complained of a severe pain in the vicinity of the tumor, which was now one-eighth its former size. The pain was peritonitic in its character, and was accordingly treated by leeches, poultices, and calomel. Some relief followed the above measures, but the tumor still remained very sensitive upon pressure. The opening in the vagina having nearly closed, it was reopened by a sound introduced along its track, with the result of establishing a free drain. A marked diminution followed. Upon the 17th, there was present a reddish-brown discharge. The tumor was smaller, but still quite firm. There was no fluctuation to be found. The discharge continued through the aperture, which seemed to be closing. The catamenia were expected upon the 25th of December, but instead there suddenly ensued severe abdominal pains, with an increase of the same upon the following day. The abdomen was distended and hard. The patient vomited muco-bilious matter, and suffered from obstinate constipation. The pulse rose to from

one hundred and thirty to one hundred and forty. In spite of all treatment, the patient died upon the 28th. Unfortunately no autopsy was permitted.

Dr. Friedrich Schatz, of Leipsic, reports seven cases of Imperfect Union of the Adult Female Genital Canals, based upon observations made among two thousand women at the Obstetrical and Poly-clinics of that city.

Dr. Hennig communicates to the Leipsic Obstetrical Society his experience in Temperature Observation during Menstruation. For these experiments three persons were selected; two of them young women, eighteen to twenty, and a married woman who had given birth. The following are the results obtained: Four to five days before the catamenia, the heat of the body rose from 37°.4 to 37°.6 (Cels.); then fell to from 36°.7 to 37°. At their appearance the temperature rose to from 37°.4 to 37°.5, fell shortly before cessation to 36°.4 and 36°.6, and remained at 37° during the cessation.

The same experiments, with similar results, were made six months later. The conclusions drawn from the above are that a mature woman exhales much less carbonic acid by the lungs than a man, and only a little more than a girl before puberty.

Dr. Hennig also reported in brief a case of Uterine Anomaly in a girl fourteen years old, where, instead of the uterus, there was a shallow pocket two centimetres deep.

Dr. Gusserow has a paper upon Excessive Puerperal Anæmia, and Dr. Spiegelberg one upon Cardiac Disease during Pregnancy. Olshausen, of Halle, discusses the Causation of Puerperal Vesical Catarrh; and Schatz reports three cases of Double Uterus.

Part 3 of Vol. II. of the "Archiv" contains a carefully written paper by Dr. Hennig upon the Morphology of

the Female Breast, it being a continuation of an article by Dr. Zocher upon the same subject, elsewhere published.* We select from this memoir the following instructive table, showing the relative frequency, form, and location of the diseases and injuries affecting the female breast, observed among fourteen hundred and twenty-five cases: —

	Right side.	Left.	Both.
Cicatrices from wounds,	9	8	8
Mastitis,	61	40	10
Abscess,	95	91	27
Hypertrophy,	1	1	6
Adenoma,	16	23	3
Cystic disease,	22	21	1
Benignant tumors,	48	56	11
Cirrhosis,	4	2	
Sarcoma,	2	3	2
Cancer,	530	246	23
Fungus hæmatodes,	30	24	
Echinococcus,		1	
	818	516	91

There is also a paper upon

VAGINAL CYSTS, MORE ESPECIALLY IN CONNECTION WITH PREGNANCY.

By Dr. F. Winckel, of Rostock.

Cystic formations in the walls of the vagina are of interest, not only from the fact of their extreme rarity, but also on account of the great uncertainty existing in regard to their cause and location. Anatomists are far from agreeing as to whether they arise or not from the mucous follicles. Huschke claims to have discovered a large number of mucous glands in the upper portion of

* Ein Beitrag zur Anatomie und Pathologie der weiblichen Brüst. Leipzig, 1869.

the vagina. Huguier describes a distinct form for both the upper and lower portion. Those of the former are deep-seated, submucous, and ductless, occurring only in the upper part of the vagina. The latter are superficially situated, and are very numerous. Kiwisch and Kolliker were not able to find any glands in the vaginal mucous membrane. On the other hand, Ladreyt detected a few in the upper portion, but a very large number in the vicinity of the vulva. Luschka also declares that glands are never entirely wanting in the vaginal mucous membrane, though they may be very scanty. On the other hand, Henle states that the vaginal mucous membrane does not possess any secreting glands, and only exceptionally the conglomerate form. Hyrtl affirms that the vaginal mucous membrane possesses but a very few mucous glands. C. Lange speaks of that membrane as having an uneven surface, covered by minute elevations, which are divided by furrows of different depths, forming thereby free raised papillæ, but that in the human subject and mammalia it is without glands.

A table based upon the experience of thirty-five observers is also given, and the history of seven cases of more or less interest studied by Dr. Winckel.

Dr. Schultze, of Jena, reports four cases of ovariotomy, with two recoveries. In all, the cysts were multilocular. Tapping had been resorted to in the unsuccessful cases. Vomiting ensued, more or less severely, in all. Koeberle's clamp was used in all; adhesions were present in all. Death occurred in one case after thirty-four hours; in the other, after the sixth day. In one of the successful cases pregnancy took place subsequently; in the other, the patient menstruated through the abdominal wound, the catamenia appearing at this point, shortly in advance of that by the natural way. Vomiting was treated by hypodermic injections of morphia, and champagne.

Prof. Waldeyer, of Breslau, remarks briefly upon a peculiar form of Diffuse Ovarian Fibroma, which had been observed by Dr. Spiegelberg.

With the exception of various strictly obstetrical papers, which it was hardly within our province to mention, and several reviews of systematic treatises that had been sent to its editors, we have now given a resumé of the contents of the "Archiv" so far as yet published.

(*To be continued.*)

EDITORIAL NOTES.

In one of the earlier numbers of this Journal, there were reproduced, in the opening chapter of our series of papers upon the History of American Gynæcology, some excellent remarks by the late Prof. Sweetser, of the University of Vermont, upon Inebriety in Women, as induced by Medical Treatment.*

Outside of the fact that of late years the community has aroused itself to an appreciation of the importance of deciding in what temperance in matters of living really consists, and irrespective of all the political excitements of the day concerning alcoholism, the subject we have indicated is one deserving far greater attention from the medical profession than it has yet received.

At the present moment, the question of the extent to which inebriety exists among ladies of good social position is frequently and freely discussed by the unprofessional press. Not so very long since, two prominent and influential journals, the "Nation," of New York, and the "Ladies' Book," of Philadelphia, were expressing themselves, in quite decided language, upon one and the other side of the point at issue.

* See this Journal, August, 1869, p. 116.

Our own opinion has been more than once plainly expressed. In 1867, we called attention to the subject,* at the request of Dr. Albert Day, whose transference from the Washingtonian Home of this city to the Binghamton Asylum was at the time so great a loss to New England, but who has since returned to his favorite field of labor; and still later, in the pages of this Journal, we bore testimony to the great harm at times occasioned by physicians in the case of invalid women, by the habitual employment of alcoholic stimulants in their treatment.†

Every thoughtful physician has now come to consider systematic intemperance a disease. Day, Joseph Parrish, of Pennsylvania, and others, have proved this to be true, beyond the possibility of a doubt; and endorsements of their views, such as was passed by the State Medical Society of Pennsylvania in 1869, upon the report by Drs. Parrish, Wallace, Atkinson, King and Price, have gone far towards placing the whole subject in its proper light. The law, while drawing its subtle distinctions concerning responsibility, between the "voluntary dæmon," who, with his wits still about him, drains the cup under whose influence he commits a felony, and the poor wretch frenzied by delirium tremens,—once a free agent, but such no longer,—is yet inclined to acknowledge that of those by whom the so-called voluntary intoxication has been induced. If such responsibility belongs with tapsters and taverners, it belongs also, far too frequently, with medical men.

As pertinent to this statement, and it will be recollected that we ourselves are in no sense what is termed a "prohibitionist," we may quote the following re-

* Methomania; a Treatise on Alcoholic Poisoning. By Albert Day, M.D.; with an appendix by H. R. Storer. Boston, James Campbell, 1867.

† See this Journal, October, 1870, p. 211.

marks by Dr. Anstie, of London, which have long been lying upon our table for this especial purpose. They are from a suggestive paper upon Indiscriminate Stimulation in Chronic Disease, and may be read with profit by certain prominent physicians of this city; for there are those here who, a year or two ago, when carried away by the tide of political contest, allowed themselves to testify before a Committee of the State Legislature, upon their oath, that no harm had ever been occasioned, at the hands of the medical profession, by the careless or indiscriminate prescription of alcoholic cordials and stomachics, placeboes, or anodynes.

Dr. Anstie had been speaking of the tolerance of stimulants in acute disease. He proceeds as follows: —

"We turn now to the other side of the account, and the facts we meet with here deserve the most serious consideration of the profession. There are two vast groups of neuroses, the neuralgic and the convulsive, and a third which includes the thousand-and-one forms of hysteria and of hypochondriasis, for which alcohol is frequently prescribed with a recklessness that to me is both surprising and alarming. Medical science has made the discovery within the last few years that pain, convulsion, and mental disturbance *always*, and not merely sometimes, imply a lowered rather than a heightened vital power. The fact itself is important and valuable, but the practical conclusions which many physicians deduce from it appear to me disastrous. The diseases in question are 'nervous;' it is the nervous power, then, which is to be upheld; and a so-called 'stimulant' is supposed to be the especially appropriate remedy. But the very hypothesis of the opponents of Todd's ideas is that a stimulant has no permanent influence on the forces of the body; it contributes nothing but a momentary spur to function; it must there-

fore be frequently repeated to be of any use; and the greater the depression the larger the dose necessary to rouse the failing organism.

"We arrive then at this result, which would be grotesque if it were not most unfortunate: That for the very same purely theoretical reason that makes them reject alcohol in acute diseases, and especially decry its use in large doses, a very influential sect of physicians are in the daily practice of recommending its free use in circumstances of chronic disease, where it assuredly can produce mischief of the most permanent kind. The opponents of Todd say, that there are two dangers in the use of alcohol in acute disease: first, that it endangers life; and second, that, if life be spared, the tendency to drunken habits is left behind. Putting aside the first of these accusations, — which, however, I should entirely deny, as applied to the intelligent application of Todd's principles, — let us deal with the second.

"It is not true, I believe, that the administration of alcohol to patients in acute diseases is *pleasant* to them; on the contrary, the perpetual dosing with wine or brandy, which is necessary in a certain proportion of cases, is almost uniformly most distasteful, except with inveterate topers, and sometimes even to them. Whether the alcoholic beverages do good or harm, at least they are not liked, in the great majority of cases, and the patient is left, at the end of the treatment, with a loathing instead of a love for them. Still they can be got down, and retained on the stomach, so long as tolerance, or absence of intoxicative consequences, is observed. But a time comes when this physiological tolerance ceases, and along with its cessation there almost always comes a positive shuddering dislike, and often a downright refusal, of the stronger alcoholic beverages. The convalescent may relish *beer* in moderation, but in my experience he almost always hates the

idea of wine or brandy. There is no statement which has ever surprised me more, by its entire want of correspondence with the facts of my own experience, than this very common assertion, that stimulation in acute disease is apt to create a subsequent tendency to drinking. The case is vastly otherwise, however, in chronic or nervous diseases, especially those attended with much mental depression. The great majority of these patients either at once, or very readily, develop a strong liking for alcoholic beverages; a liking, too, which is precisely of the most dangerous kind. I cannot take a better illustrative instance than that which is unfortunately so very common, — the case of women who, whether married or not, have difficult and painful menstrual periods, accompanied with neuralgic pain and hysteric depression of spirits. If ever there were a case in which the physician may make himself, in the most tragic sense, the evil genius of his patient, it is this. The woman has pain, or spasm, or both, and the doctor tells her that brandy will relieve these symptoms, which is true enough. It is also true, that if the brandy could be administered strictly as a medicine, regulated to the minimum dose which was necessary, no harm would be done, though no permanent cure could be expected. But if it be left to the patient herself to settle the dose, there is the greatest danger that she will exceed the necessary quantity, and instead of taking a moderate stimulant dose, which would relieve pain without narcotizing, will take a quantity which produces semi-intoxication. There is no more dangerous trial, for a female who is subject to these periodic attacks of pain and depression, than that first experience of alcoholic narcotism. In such circumstances it is a melancholy fact, that the *oblivion* of slight drunkenness is most seductive; and the chances are great that on the recurrence of the same symptoms the patient will long

with increasing eagerness on each successive occasion, for the same luxurious stupefaction. Let no one think that this warning is the expression of fears based on mere imagination; my own experience has supplied only too many instances of the reality of the danger, and inquiry among physicians whose practice in nervous diseases is large has added greatly to the strength of my convictions. I have for a long time made it a rule *never* to recommend, or even allow, a patient subject to ovarian neuralgia to take alcohol at all, except in the ordinary quantities *with meals*. Pain and nervous depression is best quieted with small subcutaneous injections of morphia, or, still better, of atropia. It is a very bad precedent to permit a woman to take alcohol for the mere momentary relief of pain or depression.

"Although the instance above cited is, perhaps, the most striking illustration of the dangers of indiscriminate stimulation in chronic disease, there are many others scarcely less important. The whole group of chronic painful and convulsive disorders stand in the same relation to alcohol. The remedy can be administered strictly *as a medicine*, in small stimulant doses, with good effect. But there are moral elements in the case which we cannot, without grave peril, leave out of sight. The patients are very generally weak in their power of mental resistance, so that to expose them to a temptation is more than usually dangerous. Some persons will be surprised at this statement, and no doubt there are splendid exceptions to be found in individual cases; but I am convinced that the rule is such as has been stated. To the few who bear up heroically, and with undiminished intellectual and moral force, against chronic pain and mental misery, must be opposed an overwhelming majority who do not bear up at all, or who do so only by drowning their troubles either in actual physical narcotism, or else in some factitious

emotional intoxication, which is nearly or quite as bad as the other. Therefore, to put such an agent as alcohol into the hands of such persons, or in any way to encourage their taking it at other than the usual meal-times, under the restraint of the presence of other persons, is to court danger in a most direct manner.

"It seems to me that there are two rules, the observance of which ought to become general, and only to be departed from under very special circumstances. One is that alcohol should never be directly prescribed for the relief of chronic pain, convulsion, or spasm, during the *self-conscious* period of life. In infancy and early childhood it is quite possible to administer it exactly as one would a medicine, without leaving the faintest trace of a hankering after its illegitimate effects. In the old age of those who have led temperate lives, but have habitually used alcohol, it may also be possible to permit the somewhat freer use of it. But during the whole of that period which corresponds to the sexual life, especially in women, the organism is so exquisitively alive to its own emotions, that the effect of a false step in the direction of narcotic indulgence may be tremendous. A second rule is that never, under any circumstances where it is possible to avoid it, should alcohol be given for the class of maladies we are considering, in larger quantities than those already roughly indicated as the limits of its useful *dietetic* employment in health. There is no true physiological tolerance for it in these cases; even in the instance of severe and agonizing pain, in which large doses of brandy may be swallowed without any apparent drunkenness, the appearance of considerable quantities of unchanged alcohol in the urine, and the occurrence of after-headache, etc., show that there has been true narcotic poisoning. And the relief of such pain (*e. g.*, angina pectoris, severe ovarian neuralgia) may be better and more speedily

accomplished by the use of ether, or of morphia, or atropia subcutaneously injected. And as for the whole series of chronic convulsive disorders, and of the mental states which hover between hysteria and insanity, I am convinced that everything which can be done in a more special direction than that of careful improvement of nutrition can be far better effected by bromide of potassium, than by the most liberal use, or, as I should call it, abuse of alcohol." *

IT IS OFTEN ASKED by those who are not accustomed to look beneath the surface of things, how it is that sickness and suffering and premature death can possibly be shown conformable to a perfect plan of creation, all-wise, all-benevolent, all-merciful; and especially does this question constantly occur with those of us who have to do with invalid women.

The theory of progressive development, of which so many prate, who of themselves know nothing of Darwin or his views, has been stretched by some, curtailed by others, to meet supposed emergencies of the most opposite character; each reasoner in his turn forgetting that to suppose a gradual evolution of life from a lower to a higher plane is none the less to accept an intelligent and ever-presiding power, than to hold to the successive introduction upon the earth of animal types, each different from their predecessors and perfect in themselves from their beginning.

To the many who have endeavored to discuss these questions from a purely professional stand-point, taking death-beds as their alphabet letters, rather than the jars and microscope-slides of a naturalist's laboratory, we commend the following words of Dr. J. G. Richardson, of the University of Pennsylvania. It will be seen that

* The Practitioner: a monthly journal of Therapeutics. American reprint, July, 1869. James Campbell, Boston, p. 39.

in the human race, as in individuals, there is always a natural tendency to decay and complete extinction. That this has not long ago occurred is through as direct and as visible an exertion of Almighty power as was the first creation of life: —

"Whatever insurmountable objections," he says, "may be urged by theologians and sociologists against generally accepting the plausible doctrines of the development theory, I venture to assert that two of its primary dogmas, long dimly recognized in medicine, are capable of such application as to throw a flood of light over many obscure passages of our acquaintance with the causes of pathological alteration in our bodies. The first of these, the law of heredity, claims to account, you know, for the persistence of racial and family types; the second, the law of individual variation, professes to explain the occurrence of new varieties, which may or may not become permanent. The evolution hypothesis, as I need scarcely tell you, gives a reason for the development of the higher or improved type, in the fact of its being fitted for a more perfect and complete life under the circumstances (climate, supply of food, natural enemies, etc.) which surround it; it accounts for each step in this progressive march of improvement, by the well-known tendency of offspring to vary slightly from the form, size, and so forth, of their progenitors, and the 'survival of the fittest' of these varied forms, and of their progeny; but it seems to have been in great measure overlooked by medical men that, on this supposition, for every variation towards a higher, that is, a more perfect type, the pendulum (to use a chronometrical simile) swings at least as far in the opposite direction of degeneracy, and some imperfection is implanted in others of a family, which increases the liability to death, although it may not eventuate fatally until old age creeps on the individual, or even until it

accumulates power enough, by frequent or constant repetition and increment, during the lapse of centuries, to manifest itself in the tenth or the fortieth generation of his descendants.

"Now, although, on the one hand, I think that the most ardent evolutionist must, if candid, admit that his hypothesis, as applied to the far-distant epochs of all prehistoric time, is utterly devoid of any absolute proof, and indeed is directly contradicted by some seemingly indisputable facts, yet, on the other hand, I believe we, in a like spirit of candor, must acknowledge that the theory of development, in its limited application to minor variations, accords remarkably with the events of our own era, daily transpiring before our eyes; and assuming, therefore, that this doctrine contains at least some grains of truth, it becomes obvious that it is with the vast army of degenerated and degenerating human beings, above referred to as on the road to extinction, that we physicians have to deal, since society, as now constituted, requires us to set ourselves against the course of nature (which on this theory calls for the speedy death of the sickly and the weak), because, as a rule, every man chooses his own life, health, and pleasure at the expense of deterioration for his race.

"Hence, just as the evolutionist philosopher may claim to have obtained a clue to the mysterious development of organic life, through past ages, upward towards a higher type, in that pregnant phrase, 'the survival of the fittest,' so we, as physicians, may discover a universal key to those problems of hereditary disease among which our life-work is cast, in its antithesis, the funereal fiat which decrees for individuals, families, and races, alike, *the extinction of the unfit.*

"Moreover, we may deduce from the conception of all hereditary and diathetic diseases as being constituent and essential parts in the harmonious working of

the eliminative element in nature's grand law of progress, the secret cause of brutes being so much more healthy than ourselves, since the ordinance which commands, in every kind of created beings, the destruction of the unfittest organisms, shortens, among animals and savage men, the action of that divine curse according to which the sins of the fathers shall be visited upon the children unto the third and fourth generation; by rapidly destroying, when unhindered through human devices, the weak and sickly, and also by preventing them from propagating their varieties, which are comparatively unfit for existence, — thus, with superhuman wisdom and certainty, keeping the race healthy and free from the taint of disease. As an illustration of this doctrine, consider for a moment how medical science has helped to change the original process of childbirth, which, you know, among animals or savage women is easy and relatively painless. Without physicians, a mother, savage or brute, whose pelvis varied much in the direction of unusual narrowness, would either bear still-born infants, and so fail to perpetuate her deformity, or (what would yet more efficiently accomplish nature's purpose of extinguishing the unfit variety) would herself perish in the pangs of travail. In civilized countries, however, by the aid of forceps, premature labor, and the Cæsarean section, the progeny of such unsuitable mothers has for generations been saved alive, and sent forth into the world to marry and procreate sons and daughters, who in their turn transmit this pain-producing idiosyncrasy, until at the present day multitudes of American and European families are infected with a hereditary tendency to narrowing of the pelvic straits, and the consequent fearful aggravation of parturient suffering.

"Following up this view still further, I can see no reason to doubt that pathological variations of internal

structure, which are conditional causes of disease, may be handed down from parent to child, just as the peculiarities of feature, form of the skull, etc., of the Aryan and Semitic races have been transmitted from generation to generation; and in considering this subject it has occurred to me (although since the idea regarding this valuable medical bearing of the Pangenesis theory, if not new, is certainly original, I give it to you only for what it may prove to be worth) — it has seemed to me, I say, that an hypothesis inculcating the *inheritance of microscopic peculiarities of formation* would do much towards further explaining many obscurities concerning the way in which hereditary idiosyncrasies of disease occur. Thus, for example, a congenital smallness of the arteries supplying the feet may be the direct cause of senile gangrene coming on when the powers of life become feeble in advanced age; and, on the other hand, unusual width, for instance, of the bronchial arteries, hereditary in some families, may, by the freedom with which those arteries supply blood, predispose to active inflammation and lead to repeated attacks of pulmonary disease; or, again, an inherited narrowness of the smaller bile-ducts, discoverable only by the microscope, may tend to produce hepatic disorders. That microscopic groups of cells are controlled by hereditary influence is proved by the fact that individual hair-follicles can be, by inheritance, so modified during development as to produce zebra-stripes in crossing that animal with the horse, and that additional feather-matrices along the legs are transmitted in breeding from the bantam variety of domestic fowls. I think, therefore, we may rest assured that minute aggregations of cells, which go to make up the tissue of tiny nerves, blood-vessels, ducts, etc., are ruled by hereditary influence, just as we know that the arrangements of larger groups of cells, composing the Bourbon forehead and the Haps-

burg lip, have been handed down from father to son in those dynasties for many generations.

"As an illustration of these minute structural heirlooms producing disease, I may mention that I have seen in my own practice a mother and her three children all sufferers from an affection of the heart (congenital in the second generation), whose physical sign was a rough, diastolic, basic murmur, indicating, apparently, imperfection of one or more leaflets of the aortic valve. Whole lectures might easily be occupied in discussing the bearings which this important phase of the development hypothesis may have or has upon our science; but I must content myself with thus merely hinting at its value to us as physicians." *

WHAT HAS JUST BEEN SAID opens up a multitude of practical questions, of the greatest interest to the thoughtful physician, and of the highest moment to the community. With some of them, gynæcologists have especially to do, and upon them, from time to time, we shall hope to speak. Meanwhile, there is one which more or less directly concerns the welfare of every family in New England, and indeed the whole country. The "survival of the fittest," or the "extinction of the unfit," receive nowhere a more striking commentary than is afforded by the Intermarriage of Consumptives. This is a topic that legislation practically cannot reach, no matter how decided the opinion of the wisest State Board of Health, and it would seem that sound sense cannot govern, — for not short of the millennium will the head come to control the promptings of the heart. Many months ago, when discussing in this Journal the intermarriage of cousins, † we referred to some of the

* Introductory Lecture to the Course on Pathological Anatomy for 1871, at the University of Pennsylvania, Philadelphia Medical Times, October, 1871, p. 3.

† See this Journal, September, 1869, p. 185.

points connected with the more general question to which we have now drawn attention, and we spoke of the fact that calm judgment loses all its power the moment it is confronted by that passion, blinder even than instinct, human love.

Dr. Charles J. B. Williams, of London, has lately had somewhat to say concerning the marriage and intermarriage of consumptives, and has fairly balanced the arguments for and against such an union, alike as concerns the individual or individuals directly concerned, and their progeny. Dr. Bennet, of London, the eminent gynæcologist, has also very thoroughly discussed the question, and though to some of his remarks we might well take exception, upon the ground that lives of ill-health and suffering, in other words lives physically abnormal, are, in that respect at least, less likely to be of value to the world than those physically more perfect, there is yet much sound philosophy in the following summary.

"In answering the question," says Dr. Bennet, "can consumptives marry? we may make a distinction between those in whom the disease appears cured, who have recovered their health, and those in whom it is merely arrested. In the first instance marriage may be admissible, — although there are dangers therewith connected; but in the second, with those in whom disease is only arrested, marriage should certainly be avoided entirely; put off until sounder and happier days.

"The dangers of matrimony for consumptives differ according to sex. In men there is often an absence of proper discretion, and consequently marriage is an additional cause of debility and exhaustion. In women the danger is different. Marriage does not with them try or fatigue the constitution to any great extent, unless followed by uterine disease. But then it is generally followed by pregnancy, inasmuch as five women out

of six are fertile. Thus the consumptive will most likely have to encounter pregnancy, confinement, and nursing, with all the attendant shocks and drains on the vitality. As a result pulmonary phthisis is constantly accelerated and rendered fatal. I have seen very many cases of the kind, and consider pregnancy a most unfavorable complication to the disease. I always dread and deplore its presence. No conscientious physician, therefore, ought to sanction a consumptive female marrying, in whom the disease is not quite arrested and cured. In married life child-bearing should cease if the wife is consumptive.

"In the above remarks I have only spoken of the consumptives themselves, but we cannot disregard their progeny. What of them? My experience teaches me that children born of actually consumptive parents are deficient in vitality. They are born tainted with constitutional weakness, and often die teething, from tubercular meningitis, or from ordinary children's diseases; or they merely grow up to become victims of the same malady as their parents.

"The latter cannot give them what they have not to give, — vitality, strength, health, — so their span of life is short. The Fates weave them but a short thread, which soon comes to an end. Not but that, through soundness of health on the side of one parent, and by means of hygienic nurture, education, and occupation, even in such cases life may often be prolonged to its normal term. Thus hope is still left.

"The practical bearing of these facts, if true, as I believe them to be, is obvious. A young man with a tendency to consumption, or a consumptive who has recovered, once he has emerged from the phthisical diathesis, may marry and have children who may be strong and live. But he must marry a young, healthy woman, of a good, healthy stock, born and bred in the

country; he must be discreet in married life, and he must bring up his children hygienically, in the country, devoting them to country pursuits. Whilst he is still acutely consumptive, it is an act of folly and cruelty for him to marry, thereby exhausting his ebbing vitality, bringing miserable, diseased children into the world, and turning his helpmate into a nurse.

"In southern Europe there is a general conviction that pulmonary consumption is infectious, and this belief is, there, an additional argument against the marriage of consumptives. Some even of our own medical brethren share this conviction. For my own part, I do not believe in the infectious character of the disease, but I have a strong belief that living in the pestilential atmosphere in which all consumptives were formerly made to live, and in which many are still made to live, day and night, is very likely to develop the disease in the healthy. Thus, I think, is explained the cases, not very rare, of wives becoming consumptive after attending their husbands, or of husbands becoming consumptive after attending their wives. To this influence must be added, in most cases, great mental depression.

"With the young female in the same state the danger is much greater, as we have seen, for one or more pregnancies may be expected, which may, and very likely will, fatally precipitate the issue of events.

"In the actual practice of life, however, I find that all these considerations have little or no influence over persons' actions, unless it be in the case of the very young, under the absolute control of reasoning parents. Consumptives marry, and will continue to marry, I believe, just like other people, consulting affection and worldly considerations, and showing supreme indifference to medical vaticinations. With some of the gentlest and best of each sex, dire disease in the one they love is merely an additional inducement to marriage.

They long to devote their lives to the object of their affections, and no vista of disease, suffering, and death terrifies them.

"Such being the case, the natural and divine laws which regulate the well-being of the earth and its inhabitants, regardless of their wishes and actions, come to the rescue and prevent the 'degeneracy of the race.' As is the parent, so is the offspring; like begets like. The diseased parent begets diseased children, who, not being fit to continue the race in its integrity, die off like plants that perish before they blossom and seed, and the earth remains the heirloom of the strong. Viewed in this light, consumptives may and do marry, and probably will marry, as others; thus enjoying the affections of conjugal life and of paternity like the rest of the community, albeit for a short term.

"Is a short life, however, philosophically, such a very great calamity? The statement made by the Nestor of medicine, 'Vita brevis, ars longa,' is literally accepted as a truth. But is the first part literally true? Is human life 'short' when prolonged to its ordinary healthy duration, threescore and ten years? I have often thought that this part of the axiom, if thus taken literally, is utterly false. A life thus prolonged is a very long one indeed, as compared with the lives of the animals around us, and of most of the vegetable productions of the earth. Even if we measure it by political events, by social changes, what a long series of both does the memory of the man who can look back fifty years run over! How many winters he has seen, how many harvests he has helped to consume! Even a child that dies at eight or ten has lived the entire life of a domestic animal, — infancy, youth, middle-life, old age. Under favorable circumstances, also, the child has had a happy, joyous life, free from cares and anxieties. Does the father or the mother, who through this child

have known the pleasures of paternity and maternity, regret having had it?

"Thus, even if consumptives discard our advice and marry, unwilling 'propter vitam perdere causas vivendi,' — all comes right in the end, and the human race does *not* degenerate." *

Precisely the same reasoning as Dr. Bennet has above applied to the cases of consumptives might be shown to hold good in the instance of other forms of constitutional disease, and indeed in many of what are looked upon as purely local lesions. It is not necessary to go back to the days of the enforced continence of lepers, still insisted upon by the codes of several civilized nations. There are cases occurring in the every-day practice of the profession where it becomes necessary to advise against the change from single to married life.

SUCH BEING THE CASE, we are not, however, freed from responsibility in the cases of which we have spoken. They are unhappily of constant occurrence, and in none is this responsibility greater than where "the unfit to live" are nevertheless engaged in the transmission of life to others.

The process of parturition, so salutary to the mother under certain conditions, and so disastrous under others, very naturally has engrossed the attention of physicians, in all times and everywhere, to an extent that ought by this time, one would think, to have robbed it of all its dangers. There are, however, two counteracting agencies at work, whose existence is too often lost sight of; — the one that great law of the extinction of the unfit, of which we have been speaking; and the other, the belief, practically now so

* On the Treatment of Pulmonary Consumption. By James Henry Bennet. D. Appleton & Co., New York, 1872, p. 186.

general, that parturition, being a natural process, is devoid of all but a little risk, and that this little can easily be guarded against, and annulled.

Do we exaggerate the extent of this mistaken security? How is it, then, that the profession, having rescued the parturient process from the grasp of midwives, are permitting it so extensively to lapse again into their hands? And how is it that Obstetrics, discoursed upon at such length at our colleges as a Science, has as yet failed, save at certain great medical centres, of even the most imperfect practical demonstration as an Art? These questions will bear very general application, but the direct pointing of such a statement always carries greater conviction.

We will take, therefore, what is now the model school of this country, so far as concerns well-arranged and thorough didactic instruction in most of the departments of medicine, — we mean, of course, Harvard College. And we will allow, most gladly, that in midwifery, as an abstract science, its students will soon have but little more to desire. We urged several months since that Dr. John P. Reynolds, one of our most accomplished accoucheurs, should be called to the school.* By his recent appointment as Instructor in Obstetrics, the unpleasant strictures that recent graduates have so extensively circulated, will, in part at least, be silenced. Should, at no distant day, this gentleman be promoted to the obstetrical professorship, that chair would be greatly benefited. The fact is beginning to be recognized that students even, if they have taken a course or two at other medical colleges, are able to criticise and compare their instructors in any given department, and by their expressed opinion, help make or break a school.

Up to the present moment the only practical notion

* See this Journal, March, 1871, p. 187.

that students have been able to gain in Boston of obstetrical manœuvres has been from diagrams, — the mannikin, that most pitiable of dummies, — and a very occasional actual case, coaxed or purchased from an overworked or needy dispensary attendant. As for instruction in practical midwifery, has it not been one of those gentle fictions of the past which, so far from helping the school, have but served as a foil to show to better advantage the treasures of Bellevue? — a sign-board, indeed, bearing the plain inscription, "This road is the one to New York."

We have long intended to refer to the fact, and indeed to make more than a mere allusion to it, — that there exists here in Boston a valuable fund, established for the purposes of a lying-in hospital, but which for many years has been standing almost idle, so far as concerns any practical use. A portion, indeed, of its income has been employed towards the support of a school for midwives, but not of that sex for whose instruction the Harvard medical college was founded. We hope to see, and quickly, this fund diverted to a better purpose, and made, like certain maternities elsewhere, the centre of an instruction such as is necessitated by the requirements of the age. At the head of such an hospital, there could be no one better qualified than Dr. Reynolds.

Meanwhile, we advise the President of the College to make such arrangements with Dr. Draper, the accoucheur to the Carney Hospital at South Boston, as shall give the obstetric class the benefits of its lying-in wards. Every medical student has now a right to demand clinical instruction in midwifery, with the management of actual cases, both simple and complicated. This is had, as every one knows, in New York. Is there any reason why it has not been given in Boston also, long ago?

The matter to which we have now called attention is an important one, and to it we may hereafter return.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. VI.] MARCH, 1872. [No. 3.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

SIXTY-THIRD REGULAR MEETING, OCTOBER 17, 1871.

THE sixty-third regular meeting of the Society was held at Hotel Pelham, on October 17, 1871, the President in the chair. Present, Drs. Lewis, Wheeler, Warner, Bixby, Dow, Greeley, Hazelton, and H. R. Storer; Dr. E. A. Francois, of Saugus, Corresponding Member; and, by invitation, Dr. I. T. Hunt, of Boston.

The records of the last meeting were read and accepted.

The Secretary read the following communication from the Obstetrical Society of London: —

"LONDON, August 8th, 1871.

"DEAR SIR: The Obstetrical Society of London has appointed a Committee to form a Collection of Pelves, illustrative of various points in connection with Obstetrics, which are further indicated in the enclosed memorandum.

Entered, according to act of Congress, in the year 1872, by HORATIO R. STORER, M. D., in the Office of the Librarian of Congress at Washington.

"(1.) The Collection of Specimens of the Pelves (Male and Female) of the various races, together with, if possible, fœtal heads at term.

"(2.) The Collection of Abnormal Female Pelves, or casts of such, especially those of which an accurate history can be procured.

"(3.) The Collection of Histories, Drawings or Photographs, and Descriptions of Abnormal Pelves, even where it is not possible to procure the Pelves themselves nor casts.

"The Committee will be happy to receive communications and suggestions on the subject, which should be addressed to the Secretaries, at the Society's Library, 291 Regent Street, W.

"The Committee will be willing, if desired, to make arrangements as to expense of carriage, casts, models, drawings, photographs, etc., with any gentleman who may wish to contribute specimens.

"We should esteem it a great favor if you would kindly give us the benefit of your valuable help in this matter.

"We are, dear sir,
Yours faithfully,
ALFRED WILTSHIRE, M. D.,
HEYWOOD SMITH, M. B.,
Hon. Secretaries to the Pelvis Committee."

Upon motion, it was voted to convey to the Obstetrical Society of London an expression of the interest felt by the Gynæcological Society in its laudable undertaking.

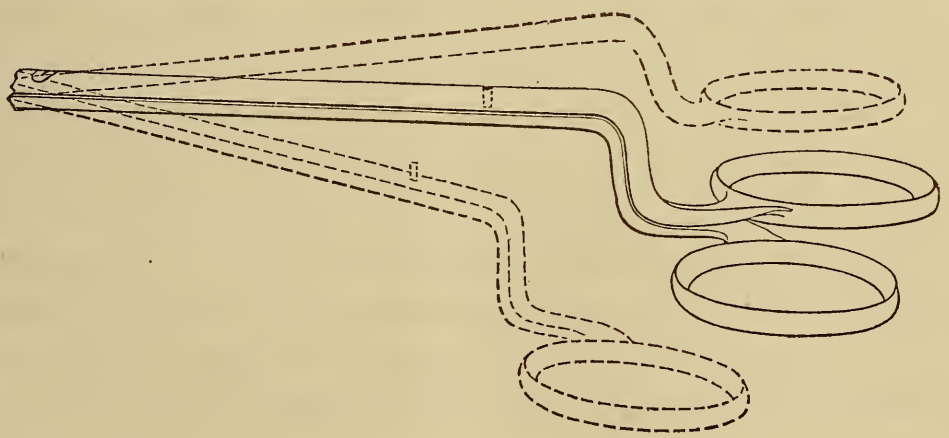
The Secretary exhibited, in behalf of Prof. Ruhstrat, of Göttingen, a Corresponding Member, a pair of cranioclastic forceps, of his own devising.

Dr. Storer exhibited two modifications, of his own, of the

VAGINAL DRESSING FORCEPS.

It is often an advantage to be able to fasten the handles of the forceps during use; not merely for the purpose of retaining a more effective grasp during the removal of small polypi and the like, but it was sometimes desirable to lay down the instrument, for the moment, while employing a dossil of cotton or lint, without its falling from the jaws of the forceps.

Of the first contrivance now shown, he had spoken to the Society at a previous meeting.* It consisted merely of a minute pin near the outer extremity of one of the handles, over which a corresponding foramen in the other was made to close.

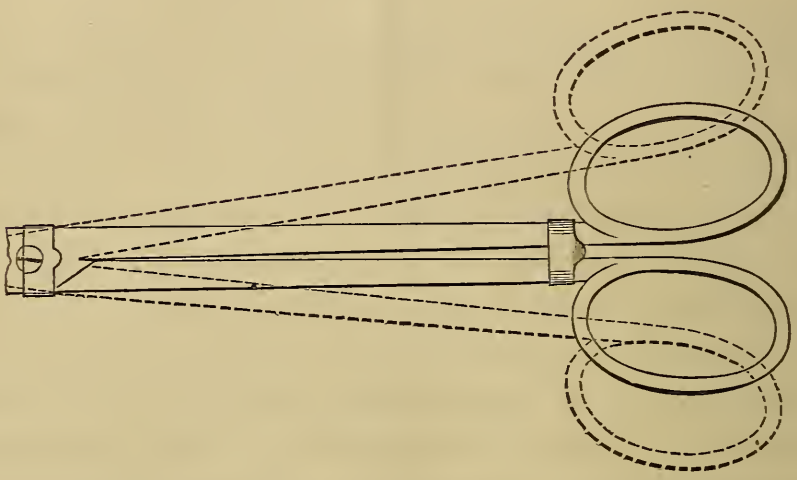


This form of forceps, first made for him many years since by Messrs. Codman and Shurtleff of this city, had now been very generally adopted by gynæcologists in New England.

The other form shown, was constructed for him during the past summer, at San Francisco, by Messrs. Folkers & Co. It would be perceived that in this instance, a thumb-slide was made to play over the handles, with the effect of fastening or releasing them at will.

* See this Journal, August, 1870, p. 67.

Dr. Bixby mentioned that he had endeavored to obtain the same result by a bit of minute rubber tubing



upon the handles of the instrument. His device was not, however, as easily manageable as that of Dr. Storer.

The Secretary exhibited, on behalf of Messrs. Tilden & Co., of Lebanon, N. Y., specimens of iodo-bromide of calcium, an alterative in cutaneous affections, and of bromo-chloralum, a powerful deodorizer and disinfectant. As their formulæ were communicated to the profession, the Society decided to receive the agents donated for trial; as also a series of so-called "nutritive" preparations from Fougera, of New York, consisting of Ferrated Elixir of Calisaya, Syrup of Iron, etc.

Dr. Blake had used Fougera's wine and extract of beef, and wine, iron, and beef, in cases of convalescence from typhoid, etc., with very beneficial results. He reported an illustrative case, and remarked that he considered the combination of food with medicinal stimulants a very happy idea.

The Secretary read a communication, addressed to the President, from Dr. Charles T. Jackson, an Honorary Member of the Society, with reference to

INTERNATIONAL QUESTIONS PERTAINING TO THE HISTORY OF ANÆSTHESIA.

It is as follows: —

"BOSTON, June 7th, 1871.

"*Dr. Winslow Lewis:* —

"MY DEAR DOCTOR: I have just come from the annual meeting and dinner of the Massachusetts Medical Society, where I heard Dr. H. J. Bigelow's Address, for which I am thankful the said Society is not responsible.

"Dr. Bigelow in his address urged a course of study for medical pupils which would reduce them to mere apprentices to an art, instead of students of a liberal profession; ideas, physiological principles, and chemical science were treated as mere outside matters, of no consequence whatever; art, mere art, was all he would have the pupils instructed in, during their three years' probation!

"The Chairman of the dinner (Dr. Parks) also made a great mistake when he charged Dr. Simpson with endeavors to steal the honors of the discovery of anæsthetics, and in his statement that Dr. Jacob Bigelow overthrew him.

"The fact is that Sir James Y. Simpson, in his published pamphlet on etherization, credits America with the discovery of etherization, and he claims only its first use in midwifery, which he had a right to do, as appears by the published dates.

"He does not even claim the original idea of using chloroform as 'a substitute for ether,' but says it was suggested to him by the chemist Mr. Waldie. All he claims in this is its first use as a substitute for ether in midwifery. (See his published pamphlet on chloroform, 1847.)

"I cannot approve of this attempt before the Society, under the pretence of patriotism, to do injustice to the dead and to flatter the living at the expense of truth.

"Whatever Dr. Simpson's errors may have been, it is certain that the charges made against him at the Massachusetts Medical Society's meeting are not true, and no one ought to talk who has not duly informed himself on the subject on which he speaks.

"Dr. Simpson, in his last letter before his death, expresses his conviction that great injustice has been done here to Dr. Jackson. This was a proper amende for the neglect of my claim, which he at one time manifested, under erroneous information derived from Boston publications, and had he lived I have no doubt he would have proved one of my best champions in Scotland; for his eyes had been opened to the misrepresentations made by individuals connected with the Massachusetts General Hospital, and by the Bigelows in particular, and he saw the absurdity of H. J. Bigelow's theory, that 'he who verifies a suggestion is the true discoverer,' and the foolish attempt of reducing my scientific discovery to a mere suggestion!

"I do not know whether you remained to hear the discourse of Bigelow's, or were at the dinner or not, but I could not easily refrain from putting my protest against false and mischievous teachings, on paper for you to read.

"Yours ever, with great respect and friendship,

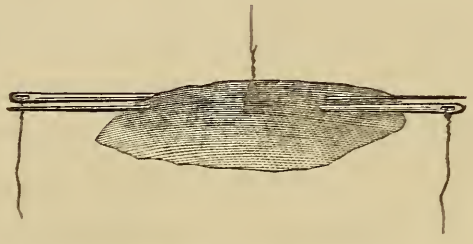
"C. T. Jackson."

Dr. Storer read a communication from Dr. J. H. Beech, of Coldwater, Mich., descriptive of a

NEW METHOD OF SECURING THE OVARIAN PEDICLE.

"I used strong steel needles (made for me by a gun-

smith), four inches long," writes Dr. B., "with a fine notch filed half an inch from the points, so that they could be broken off after insertion. I endeavored to run the needles between the peritoneal envelope and the trunk of the pedicle on either side, inserting one from above downwards and *vice versâ*.



"As we had anticipated, all was kept secure, and on cutting the external fastening and withdrawing one needle, the silver wire in the distal eye wheeled into line and was drawn without irritating the wound. It will be readily perceived that the cross tie, or ties, offer no difficulties after the accupressure needles are removed.

"Unfortunately my patient died of peritonitis, three weeks after my operation, having been at one time considered out of danger. It was a case of multilocular cyst, of but few months' growth, and weighed thirty lbs. avoirdupois."

The Secretary also read a communication forwarded to him through Dr. McNutt, of San Francisco, a Corresponding Member. It was from Dr. H. M. Stuart, of Mokelumne Hill, Cal., and was a report of the following case of

REMOVAL OF AN INTRA-UTERINE OUTGROWTH.

"On the 27th of July, 1871, I performed the operation of removing a uterine polypus, the weight of which was ʒ iv and ʒ v, from a Mexican lady, some sixty-two years of age, residing at Sandy Gulch, Calaveras Co.

"There had been profuse hemorrhage for some two weeks before I was called, and, as I anticipated from the description of her condition, I discovered, on examination, a polypus of no small size, one-third of which protruded through the external os, and, as near as I can calculate, its pedicle was attached near to, but just below, the left Fallopian orifice. After learning the condition of affairs, I commenced the administration of wine of ergot in ʒi doses every twenty minutes, and after the second dose, in some fifteen minutes, uterine contraction became pretty well established, and I succeeded with the left index finger in breaking up its connections, and successfully removing the mass. In fifteen minutes after, the womb had contracted to its normal condition, with not the loss of ℥i of blood; what is still more singular, no secondary hemorrhage followed. The patient is now well, and there are no traces at this date of anything of a polypoid nature ever existing.

"To verify my statements, I have in my possession the tumor, which, if worth the while, I can forward to you."

Dr. Storer remarked that Dr. Stuart's case was a very interesting one. That the attachment of the mass, whatever its nature, was so friable as to be broken by the finger, would seem to imply that the outgrowth would most likely prove to have been of a malignant character. The chance of there having been but a large coagulum, partially organized, he supposed out of the question, from the character of the gentleman reporting the case. It was certainly unusual to find so marked uterine contraction occasioned by ergot in the non-puerperal uterus, and this was still more the fact in a patient advanced so many years beyond the climacteric. Dr. Storer had written to Dr. McNutt to secure the specimen and subject it to careful microscopic examination.

The Secretary read, on behalf of Dr. Geo. B. Cox, of Tullahoma, Tenn., the report of a case of

REFLEX INSANITY BENEFITED BY LOCAL TREATMENT.

[Dr. Cox's communication was published in the Journal of the Society for December, 1871.]

Dr. Blake thought that Dr. Cox would have found his treatment more rapidly successful had he resorted to anæsthetics in the earlier stages of the case. Local blood-letting might have proved beneficial, especially if followed by hot douches and the assiduous use of glycerine. Iodoform seemed well adapted to produce the local anæsthesia so much to be desired in such cases.

Dr. Lewis remarked that Dr. Cox had evidently obtained decided benefit from the single application of acid nitrate of mercury that had been made. This was certainly an indication that it should be continued.

Dr. Warner was of the same opinion. It should be recollected, however, that its application was extremely difficult in such cases of displacement as Dr. Cox had described. The pain that he mentioned as following its use, was probably owing to the agent having come into contact with the vaginal wall. Ordinarily the acid nitrate did not produce as much suffering as iodine; certainly not as much as the nitrate of silver.

Dr. Wheeler was of opinion that Dr. Cox would have obtained a better result if he had not diluted the acid nitrate. It was thus rendered less efficient in its action.

Dr. Bixby inquired if wetting the wisp of cotton, before winding it upon the applicator, did not necessarily weaken the acid nitrate when dipped in it.

Dr. Warner replied that if weakened at all in this manner, it could only be so to a homœopathic degree. He did not believe there was water enough absorbed by the cotton to make any material difference. The only appreciable effect seemed to be in the other direction,

by allowing more of the acid nitrate to be taken up. Dr. Cox had mentioned that the os uteri was so much occluded as to render the passage of a sound or probe very difficult. It was probable that this was really owing to the displacement, as in cases of chronic endometritis the cervical canal and inner sphincter are ordinarily very patulous.

Dr. Blake considered that Dr. Cox must be a dexterous manipulator to have suceeded so well as he had evidently done.

Dr. Wheeler believed that these cases were usually very difficult to treat, even by experts.

Dr. Warner said that this was especially the case with nulliparæ, where the vagina was very small and the cervix difficult to engage within the speculum, particularly if the uterus had been rendered immovable by circumjacent inflammation. The only perfectly successful method was, after the speculum had been introduced, the patient being upon her back, to bend the sound until it could be passed to the fundus, and then gradually to lift or depress the uterus into place until the os became engaged. A solution of some alkali must then be introduced into the lower vaginal cul-de-sac, and the applicator, charged with the acid nitrate, then passed to the fundus, almost in a straight line. After removing the speculum, the uterus would drop into its former position if a flexion or version were present.

Dr. Storer was satisfied that for applying the acid nitrate the quadrivalve speculum was preferable. He had, however, during his stay in California employed a bivalve, the chief objection to which was that more care was necessary to avoid touching the agent to the vaginal wall. He had found in San Francisco that the only specimens of his own modification of Cusco's speculum, that could be procured in the city, were of the execrable pattern with which the market had been

flooded by Messrs. Codman and Shurtleff, to which he had referred at a former meeting of the Society; its dimensions being large enough for use in the case of a mare or a cow, but far too extreme for that of an average woman. Dr. Storer had been consulted while in California concerning several cases wherein the physician, not appreciating the cautions necessary in using the acid nitrate, had occasioned attacks of metritis, peritonitis, and pelvic cellulitis. These results, with a little care and thoughtfulness, might be avoided.

Dr. Bixby reported several cases of cholera infantum that he thought illustrative of

THE BANEFUL EFFECTS OF MENSTRUATION DURING LACTATION UPON THE MILK.

Dr. Warner did not believe that such an effect was often produced; at least, he had but seldom seen it when he was in general practice.

Dr. Bixby replied that the subject was one that had attracted the attention of authors. Tanner, for instance, had devoted much space to its discussion. Children were certainly injured by nursing after pregnancy had taken place.

Dr. Hazelton had seen an instance where the mother menstruated while nursing her first child, and it was very puny. During the second lactation the catamenia were absent, and this child was strong and healthy.

Dr. Storer thought that in many of these instances, gentlemen did not go far enough back for the true explanation of what they observed. He believed that it was often the case that the ill-health of the infant, and the fact that its parent menstruated during lactation, were both of them dependent upon the existence of uterine disease. A child that had been but imperfectly nourished during its uterine life, was certainly not predisposed to thrive upon nourishment derived from breasts

that were but imperfectly performing their secretory function.

Dr. Blake was satisfied that disease of the embryonic attachments to the uterus did very materially interfere with the fœtal assimilation.

Dr. Warner believed that Dr. Storer was correct in his statement that menstruation during lactation, up to a reasonable limit, was evidence of uterine disease.

Dr. Storer mentioned further that women might, and often did, conceive with very unhealthy wombs, and go on to the full term of gestation, and at times with apparently perfectly healthy children. It was no uncommon thing to trace a variety of forms of uterine disease back to a period preceding several pregnancies.

Dr. Warner added that they might sometimes be traced beyond even these, to a period preceding marriage.

Dr. Blake related a case of vulval eczema, attended by

PERSISTENCE OF THE HYMEN AFTER MARRIAGE.

He had found the hymen present, though the patient had been twenty years married, and so firm as to prevent the tip of the finger from entering. The husband had been always satisfied with his wife's condition, and she herself was ignorant that it was in any respect an unusual one. In reply to a question as to whether the husband himself was in a normal condition, Dr. Blake replied that he had not investigated this question.

Dr. Blake furthermore stated that he had lately had a case similar to one he had reported to the Society, some months since, of

PREGNANCY OCCURRING UPON TREATMENT OF ANTEFLEXION.

He had frequently and gradually introduced the sound, had straightened the uterus by sponge-tents, and

for four months the patient had worn an intra-uterine stem-pessary. She was now four months gone, to the delight of friends who had considered the case a hopeless one.

He used stems freely; had been sometimes frightened by temporary metritis, but it always passed away. He had never obtained any benefit from lever-pessaries, but placed great reliance upon these. They had, he knew, been virulently abused, but, he thought, without good reason.

Dr. Storer remarked that the objections alluded to by Dr. Blake had usually been made by persons who knew nothing whatever of the facts from personal experience, and the same was true of other procedures than those now under discussion.

The translation of a paper upon Uretero-uterine Fistula, by Prof. Freund, of Breslau, submitted to the Society, at a previous meeting, by Dr. Norris, of East Cambridge, was taken from the table where it had been laid, and referred to the editors of the Society's Journal for publication.

[The paper referred to was published in this Journal for January, 1872.]

Dr. Storer called attention to the great distress with which several of the Honorary and Corresponding Members of the Society, residents of Chicago, had been visited in consequence of the late destruction of a portion of that city by fire, and moved the passage of resolutions conveying the sympathy of the Society to the sufferers.

Dr. Warner seconded the motion. A former residence in Chicago, for several years, during which time he was an active member of both the State and City societies, had given him the opportunity of knowing intimately many members of the Chicago profession, and he could

say with truth that, like their towns-people generally, they were men whose whole heart was in their work, of intelligence, faithfulness to their patients, and indomitable energy of purpose. Where, for instance, could better illustrations of all these qualities be found than were Drs. Davis, Andrews, Johnson, Freer, and Isham, — while, for a practical and reliable exponent of gynæcology, no one could surpass Byford. Dr. Warner felt that at such a time expressions of sympathy went far to strengthen the bonds that united distant portions of the profession together.

The President appointed a committee, consisting of Drs. Warner, Storer, Wheeler, Blake, and Bixby, to prepare resolutions appropriate to the occasion.

Upon motion of Dr. Storer, seconded by Dr. Wheeler, the thanks of the Society were voted to the President and Corporation of Harvard University for the wise and persistent energy with which they have of late examined into, remodelled, and infused with new life the Medical School under their charge, together with the expression of the hope, on the part of the Society, that such further changes may from time to time be made, as may be necessary to bring the school up to the standard recommended for several years past by the American Medical Association.

Dr. Storer stated to the Society the action of the American Medical Association, at its meeting in California, with reference to the so-called Protest of the Councillors of the Massachusetts Medical Society, which was much more than a covert attempt to bring the Gynæcological Society into disrepute. The Protest was referred by the Association to its Committee upon Ethics, and these gentlemen reported unanimously that "inasmuch as there is nothing in the paper, or accompanying it, showing that it had either been submitted

to, or approved by, the Massachusetts Medical Society; and inasmuch as this Association has no knowledge of any organization called the 'Councillors' of that Society, your committee do not deem it necessary to recommend any action concerning such protest." It was, therefore, laid upon the table.*

A recent circular of the Councillors, a copy of which Dr. Storer now presented, showed how completely they appreciated their discomfiture, and that they evidently had begun to recognize their true position, which was one of subordination to the Fellows of the Society at large.

Adjourned.

NOTES OF SEVERAL CASES OF UTERINE TUMOR.†

By Kimbal Favor, San Francisco, Cal.

[*Communicated to the Society, and read December* 5, 1871.]

Case IV.—Fibroid uterine polypus. Pregnancy and abortion. Removal of the polypus. Recovery.

Mrs. B., aged thirty-three, married seven and a half years to her second husband; had two children by her first husband, none by the second; never had any abortions. She always enjoyed good health till after the birth of her second child, in 1860. When her second child was three weeks old, her own physician being absent, a homœopathist ordered sitz-baths of ice-water. These she used for four or five mornings. After this she kept her bed for four months. Recovered, and had no more symptoms referable to the

* Transactions of the American Medical Association, vol. xxii., 1871, p. 30.

† Continued from February No., p. 130.

womb till 1867. Then she had chills, anorexia, chlorosis, diminished menstruation, and hysteria. Her doctor said she had ulceration of the cervix, and treated her with the local application of nitrate of silver. Continuing ill, she was treated in 1868 by another physician, who slit open the cervix.

From this time, menstruation became too frequent and profuse. The flow always recurred as often as once in three weeks. Frequently the interval between the flowing was not over two weeks. The blood passed from her in clots and gushes, accompanied by bearing-down uterine pains. Dysuria came on, and for the last three years she has had to get up three or four times every night to pass urine. The bowels became torpid; there was difficulty in evacuating them, and a want of relief after doing so. At different times she had what she calls inflammation of the bowels. Perhaps this was pelvic peritonitis.

I was first called to see her on the 13th of January, 1871. She was confined to her bed. Her bowels never moved, except after an injection. She had to get up four or five times every night to pass water. No appetite; constant nausea.

A vaginal examination showed the pelvis filled with a firm body, which lay behind and to the right of the womb, and crowded the latter far over to the left. The foreign body extended lower down than the womb, and between the two there was a distinct sulcus. Yet they approached each other so closely as to appear united, and neither could be moved.

What is this retro-uterine tumor? Is it a hæmatocele? No. The symptoms have not come on sufficiently suddenly, nor is there sufficient prostration for it to be a hæmatocele. Is it the fundus of a retroverted womb? At the time I thought not, because I intro-

duced the sound three and one quarter inches into the womb, and the tumor behind it remained unchanged in its position. At the time, I thought it an extra-uterine fibroid tumor, growing from the posterior wall of the uterus.

I made strong efforts to raise it above the promontory of the sacrum, both through the vagina and the rectum. She was placed on her elbows and knees. All the fingers and the thumb of the right hand were introduced into the rectum and pressure made upon the tumor, aided by pressure upon it at the same time with the index finger of the left hand in the vagina, through the posterior vaginal wall. I made as much pressure as she was able to bear, and I considered compatible with safety, but was unable to move it, except to a very slight extent.

I had no idea then that she was pregnant. She had lived with her second husband over seven years, and never been pregnant as she knew of, and for the previous six months they had professedly lived separate. She also had had a "show" at each of the last two menstrual periods. In this I was mistaken, for on the 9th of February she aborted a fœtus supposed to be nine weeks old. The after-birth passed away. The tumefaction behind the womb diminished slightly after the abortion.

On the 10th of March, four weeks after the abortion, she had a chill, and commenced flowing. The blood passed from her in clots and gushes, accompanied by uterine colic. A vaginal examination showed the retro-uterine tumefaction larger than it was before the attack came on. The flow lasted four or five days and subsided. After its subsidence she felt comfortable, though weak; had a fair appetite, and gained in strength. The tumefaction behind the womb also diminished in size.

About a week after the flow stopped, I examined and found it smaller than I had ever found it before.

On the 26th of March I was called to see her, and found her suffering severe uterine colic, and flowing profusely. An examination showed the posterior tumor again increased in size, so that it filled the pelvis.

The os was open, and within it could be felt an ovoid body as large as the end of a pullet's egg, smooth and tense to the feel, and extending upwards into the womb beyond the reach of the finger. The finger passed easier on its anterior than on its posterior aspect, from which I judged that its attachment was to the posterior wall of the womb. She was ordered flu. ex. ergot ʒss every six hours.

27th. Has taken the ergot as directed. She says the flow diminished immediately after she commenced taking the medicine, and, to my surprise, she said it relieved the pain also. An examination showed the tumor drawn up further into the womb. Its outline was smaller than it was the day previous, and its structure not so tense. Very little flowing or uterine colic.

28th. 11½ A.M. Flow nearly stopped. I am able to get the finger through the os, but the tumor is now so high that I can barely touch it. It feels smaller, softer, and not so tense as it was when the flow and uterine colic were at their height. The tumefaction behind the womb is smaller than it was yesterday. The os lies anteriorly, and a little to the left of the symphysis. Simpson's sound was now introduced into the womb, with its concavity backwards, to the depth of about three inches, and by partially rotating it, I was able for the first time to make the posterior tumor disappear, thus proving the existence of retroversion.

A large sponge-tent was now introduced into the womb fully two inches. The ergot to be discontinued.

29th. 11½ A. M. Tent removed. It had kept its place in the womb and was expanded to the size of one and a half inches in diameter. She has had bearing-down pains during the last twenty-four hours, and the tumor is forced down lower than it was when the tent was introduced. It is conical at its point, flattened from before backwards, broader from side to side. Its antero-posterior diameter appeared to the feel to be three-quarters of an inch; the lateral, one and a quarter inches. It extended upwards beyond the reach of the finger, but before the close of the operation, after a portion of it had been removed, I could distinctly trace it upwards and backwards, down into the retroflexed fundus, to its attachment to the upper part of the posterior wall of the uterus, as shown in the diagram.



It was my intention to remove the tumor entire with the ecraseur ; but owing to the retroflexed condition of the uterus, it was found impossible to adjust the wire

around its base, and the use of that instrument was abandoned.

The womb being held down by the hand of an assistant on the patient's abdomen, the tumor was seized with the toothed forceps and held while, partly with the polypus forceps, partly with the curved scissors, and partly with the finger, it was enucleated, crushed, twisted, and cut away until none of it remained, except some jagged tufts which felt very much like the interior of a beef's tripe. She lost but little blood during the operation, less than had passed from her in a single gush, when she was flooding. She slept well the night after the operation, and looked bright and cheerful the following morning. The hypogastrium was somewhat tender on pressure, but she had no fever, and took some nourishment with a relish.

April 1st. Feels better than she did before the operation. Womb partially retroflexed. Introduced one of Hodge's lever pessaries to hold it in position.

September, 1871. She has had no return of the uterine hemorrhage and pains which were formerly so frequent and troublesome. No urinary irritation. Menstruation appeared April 27th, twenty-two days after the operation. She flowed three days without pain, and soiled three napkins. They have recurred regularly once in four weeks ever since. She has no sanguineous discharge in the intervals between menstruation. The pessary holds the womb in nearly its proper position, and she has no pain in the back when she wears it, though it returned on two occasions when it was temporarily removed. She has no pelvic pains, her sleep is sound and refreshing, and her countenance has the impress of excellent health.

REMARKS.

Where we have a healthy woman in the prime of life, who has never had any abortions, suffering for four years with uterine derangements, and then a uterine fibroid discovered, the removal of which has relieved her of all her difficulties, how long has this tumor existed? Was its foundation laid by the sitz baths of ice-water she took three weeks after confinement, in 1860? If so, it must have produced no perceptible injury for a long time, for she enjoyed good health for over four years afterwards, except that she was sterile. There were no direct manifestations of its presence till 1867.

Did the tumor cause retroversion, or did retroversion originate the tumor?

It is probable that the tumor and the retroversion both existed when she was treated for ulceration of the cervix, in 1867. Unfortunately, the symptom was treated, while the cause of the symptom was unremoved, and probably undetected.

It is a fact worthy of note that there was in the early period of her uterine difficulties diminished menstruation. By referring to Case I., it will be seen that her menstrual intervals were usually five or six weeks, and, on two occasions, seven and twelve weeks respectively. Case III. passed one menstrual interval of about six weeks, and another of ten weeks. In none of these instances was there the least reason to suspect pregnancy. Thus we see that menstruation may *sometimes* be diminished, or the menstrual interval prolonged, during the existence of an intra-uterine fibroid. This fact is of more importance, for the reason that it is seldom mentioned by writers on gynæcology, though they all dwell with emphasis upon the menorrhagia and

the metrorrhagia, which are such prominent symptoms.

Another fact worthy of remark, is the facility with which the presence of the intra-uterine tumor was discovered, when the hemorrhage and uterine tenesmus were at their height, and the difficulty of demonstrating its presence after those symptoms had subsided. This is analogous to what we see in parturition. When the womb contracts, the fœtal tumor descends, and the os opens. When it relaxes, the tumor recedes, and the os closes. It is the same with the intra-uterine fibroid tumor. From this we deduce this important practical lesson, namely, that the best time for detecting an intra-uterine tumor is during an attack of uterine tenesmus and flooding.

Another pathological fact is, that the uterus and the tumor were both larger and harder at the time of the hemorrhagic paroxysms than they were in the intervals between them. This is what we should expect.

Lastly, this case shows that pregnancy may sometimes occur during the existence of an intra-uterine fibroid which causes frequent and alarming hemorrhage.

UPON THE DIFFERENTIAL DIAGNOSIS OF ANAL FISTULA IN WOMEN, MORE PARTICULARLY WITH REFERENCE TO DISCOVERING THE INNER ORIFICE WHEN SUCH EXISTS.

By Horatio Robinson Storer.

[*Read before the Society, March* 15, 1870.]

It will be recollected by its members that at the first meeting of the Gynæcological Society I described two new methods of making an exploration of the female rectum.* These were for general purposes, and ren-

* See this Journal, July, 1869, p. 24.

dered it almost invariably possible to bring within sight, and subject to safe and accurate treatment the whole range of lesions of, and outgrowths from, the rectal mucous lining. I now proceed to discuss somewhat in detail a single one of the many special measures, of great importance, similar of course in general character to each other, but yet greatly differing in their intrinsic features, that have thus been rendered simple, certain, and extremely easy of performance.

Eminent surgeons have written much that had better have been left unsaid, upon the procedure to which I refer, and have wrangled much among themselves as to its necessity, merely because it was then so difficult to perform. I allude to the detection of the inner orifice in complete anal fistula, properly so called; to some points in connection with which I called attention in my series of papers upon "The Rectum in its Relations to Uterine Disease," in the New York "Obstetrical Journal" several years since.* At that time, however, I by no means exhausted the subject. It is, moreover, often an advantage to present, in more than a single light, views and methods that are novel, t ha they may be more thoroughly discussed, and their actual worth the more surely determined.

Anal fistulæ have been variously described by writers upon this lesion, as *complete*, that is with a canal extending from some point of the external integument to and into the cavity of the rectum; and *incomplete*, which latter are again divided into external, or those with only an outer opening, and internal, or those with only an inner opening; as *single*, or *multiple;* as *simple*, or *complicated*, with induration of the surrounding tissues, for instance, or contractions in consequence of the par-

* American Journal of Obstetrics, etc., May, 1868, p. 66; August, 1868, p. 119; November, 1868, p. 206; and February, 1869, p. 362.

tial or entire closure of burrowings, from an uncertain point of divergence, which had spontaneously ceased to secrete pus, or had been forced to do so by more or less effective treatment. Up to a certain extent these are valid distinctions, because they affect both the differential diagnosis and the method of cure. It will be perceived, however, that with regard to several important points I differ from those who have preceded me.

I have not time to say much at the present moment concerning the causation of anal fistulæ, though a great deal might be presented of exceeding interest in this relation, and, as will be seen, affecting the theory of treatment. It will be sufficient if I state that in rare instances they are the result of violence from without, as in a very interesting case exhibited to the Society at a former meeting by one of our associates, Dr. Bixby;* in other instances, from external and to a certain extent superficial sources, as chancres in strumous or otherwise cachectic subjects; deep anal fissures that are but partially kept cleansed or not cleansed at all; gangrene of the vulva; or unhealed surgical operations. Still again, they originate from deeper-seated irritations, which are yet external to the canal of the rectum, pelvic cellulitis, for instance, the result of injury, — as from the pressure of the fœtal head during parturition, — or of the extension of neighboring disease, as in peritonitis; or of disturbances of circulation from local causes, as thrombosis and embolism; or from necrosis of some portion of the pelvic margin. Further than this, they may depend upon various causes acting within the rectal canal: contusion of its coats from prolonged and excessive pressure by impacted fæces, or from the rapid evacuation of such contents; their laceration by foreign bodies, as a fish-bone, a pin and the like, descending through the canal;

* See this Journal, September, 1869, p. 132.

adhesion of scybala to the intestine, and irritation beneath this, often going on to disorganization; or localized abrasion upon the separation of such bodies; ulceration at the base of a hemorrhoid, or in consequence of improper measures for its removal. These are all of them illustrative instances of the causation of anal fistula.

I have alluded to the erroneous, because too positive opinions of leading writers, who have hitherto controlled men's practice. Mr. Henry Smith, of London, in his little work upon the Surgery of the Rectum, has very properly commented upon them. "Brodie," he says, "after a large experience, and apparently very careful consideration of the subject, promulgated the view that in cases of fistula in ano an internal opening in the bowel always existed, and that the first step in the production of the disease was ulceration of the mucous membrane and the formation of the aperture in question. This doctrine was strongly maintained for some time, was thought to be correct, and, I doubt not, was productive of very considerable errors in point of practice. Mr. Syme, on the other hand, maintained with equal determination that in cases of fistula in ano 'the mucous membrane always remains entire in the first instance, and is never perforated until after suppuration has taken place.'"*

"It might be supposed," he continues, "that it is not of much consequence, in a practical point of view, to define with exactness the first series of pathological changes in the formation of fistula; but a careful consideration of the phenomena will lead us to the conclusion that a correct appreciation of the morbid changes must of necessity lead here, as elsewhere, to a proper

* The Surgery of the Rectum, being the Lettsomian Lectures on Surgery. London: John Churchill & Sons, 1868, p. 3. The above language is repeated in the third edition of Mr. Smith's work, published in 1871.

line of practice; and on the other hand that an unsatisfactory and undecided plan of treatment will result if the primary steps in the production of a fistula be not clearly apprehended." *

The diagnosis of the orifice of an anal fistula would, at first thought, seem easy enough. Such, however, is not always the case. Ordinarily, particularly if the case is a chronic one, the tissues surrounding the fistula are indurated and otherwise changed in character, while the orifice itself, though often with a pouting mouth, may be concealed by folds of integument or mucous membrane, and at the time of examination may discharge no pus.

1. If the case is of the variety known as the *blind internal*, that is when there is an inner orifice, but as yet no external bursting through of the integument, it is often important to decide at what point to bring out or to enter the knife. Till now this has been in all cases a matter of no little difficulty, and in not a few it has proved an impossibility. To ascertain the presence of the inner opening, which must of course be found before a probe could be passed into it, was by the anal speculum a tedious and difficult affair, and often could not be done; while nothing could be more uncertain than the employment of the hooked probe recommended by Bodenhamer of New York, in his work upon Anal Fissure; and again, in a later work by the same author, upon the Exploration of the Rectum, published in 1870. This was introduced within the sphincter ani, which in such cases is very often in a condition of excessive spasmodic contractility, and then turned about at random until it should possibly, and only possibly, engage itself in an orifice that, if touched, might be too small to receive it. On the other hand, the patient being a female, if we evert

* Loc. citat., p. 5.

the rectum from within the vagina, as in the first of the new methods described by me,* the fistulous orifice in a large number of cases presents itself at once to view, particularly if there be a free secretion of pus, as in one of the cases I have described in the "Obstetrical Journal,"† that of a recto-labial fistula, arising from suppuration of Huguier's gland, where the pus at once spirted freely forth upon the pressure being made.

Another illustration is the following: Jane C., of Cambridge, consulted me on February 6, 1870. She is aged twenty-five, and unmarried. In August last she first noticed pain and enlargement to the right of the anus. She has never perceived any discharge of pus with or after the fæces. Upon examination, a localized spot of brawny induration was felt some two inches to the right of and anterior to the anus, with indistinctly the sense of deep fluctuation. No external orifice. Parting the lips of the anus with the thumb and forefinger afforded no further evidence upon the subject, but everting the rectum by pressure from within the vagina, at once revealed a fistulous orifice anteriorly, through which a stream of pus now discharged itself. I at once admitted the patient into St. Elizabeth's Hospital, and, on the following day, February 7, operated for her relief, in the presence of Drs. Warner, Sharp, and Bixby.

The sphincter ani being irritable, it was ruptured by forcible dilatation, and the rectum was everted. A small probe then being entered, it passed through a narrow canal into a deep pocket nearly two inches from the rectum, and thence an inch or more outwardly and deeply along the inferior aspect of the thigh. Beside the probe a director would not pass, the fistulous orifice being so small and the tissues so tense. The blunt probe was

*American Journal of Obstetrics, etc., November, 1868, p. 212.
†Ibid., p. 208.

therefore replaced by a sharp-pointed one, which was forced upwards at the farther extremity of the sinus until its point pressed against the integument. This having been divided, a director was entered externally, and thence passed through the rectal orifice. Its course lying deep, the superjacent tissues were divided by scissors rather than the knife, as causing less hemorrhage, and some two drachms of pus discharged. Into the pocket above referred to a finger was now passed, and septa occasioned by the burrowing of the pus were broken down. The pocket was then stuffed with lint saturated with carbolic acid. The patient made a rapid and complete recovery.

Should, however, the orifice not reveal itself as perfectly and as quickly as above indicated, we have only, and the remark applies to the rectum of both sexes, to rupture the sphincter ani by forcible dilatation, as in the second of the measures that I formerly described, and as we should do when operating, and then either evert, or employ the vaginal speculum, whether bivalve or retractor. In the latter case a pledget of cotton may be applied to the upper rectum, the canal having been previously cleansed by enema, and the mucous coat in every direction can then be as carefully studied as the corresponding surfaces of the vagina.

2. Thus far the blind internal fistula. The case of the *blind external* is very different. Allow me here to say that I consider this variety by no means as frequent as is ordinarily thought to be the case.

It of course occurs, and I have enumerated some of the most marked of its causes. What I mean is, that oftentimes in supposed cases of the kind, the fistula is complete, and an internal orifice exists without being detected. I do not attach to its detection nearly so much value as do many other surgeons, for I hold that in oper-

ating we should always open up to its very extremity the pus-secreting pocket often existing above the inner orifice, and this, no matter how thick, how varied, or how vascular the tissues lying between it and the rectal canal; for, by the methods I have described, the risks of hemorrhage, primary and secondary, and of pyæmia, that were so liable to obtain with the old methods of operating, are practically annulled. The reason why I consider it of advantage to find the inner orifice, is not that I may thus limit the extent of my incision, but that I may include the orifice in the line thereof,* and thus avoid the chances of permitting a subsequent renewal of the fistula. The probability of the existence of more than one internal opening must, of course, not be forgotten. How shall the existence and position of an inner orifice be best ascertained? In my answer to this question, I shall describe a method of effecting the diagnosis that seems to have escaped the notice of other surgeons. Before doing so, however, I shall again quote a paragraph or so from Mr. Henry Smith. It will be perceived, leading surgeon of the day though the gentleman is in this department, how partially he has covered the ground, and why it is that in some of his reported cases he attempted no operation, and that in others his efforts to cure the patient failed.

"As there was at one time a considerable difference of opinion in reference to the precise formation of fistula, so in like manner surgeons and pathologists have been at issue with regard to the locality and existence of the internal opening; for of course we cannot appreciate a complete fistula in ano without an internal opening being present as well as the external aperture. Brodie enunciated the doctrine that an internal opening in the bowel always existed; holding the views

* See this Journal, April, 1870, p. 245.

he did, that ulceration of the mucous membrane was the primary step in the formation of the fistula, he could, of course, come to no other conclusion; and thus is shown how one error in pathology, as in morals, leads to the commission of another, for it is undoubtely a fact that many cases of fistula in ano are met with, wherein a sinus is left as the result of an abscess, has lasted for some time, and yet no internal opening can be found. To this it may be objected that those who maintain this opinion do not look for the opening in the right place; but, on the other hand, it is urged that a careful inspection of the parts after death has given convincing proofs that cases not unfrequently happen where, notwithstanding the formation of a long and tortuous sinus by the side of the rectum, the cavity of the intestine has remained intact,— and hence the very proper distinction drawn by surgical writers between what is termed complete and incomplete fistula. Now, the question of the universal presence of an inner opening is by no means simply one of interest in a pathological point of view, but it is really of importance, practically speaking. We are very frequently asked by patients in private life as to the absolute necessity of an operation for fistula, and we are chiefly guided as to our answers by our investigation of the inner portion of the sinus; if we detect an opening in the bowel we may state with certainty that an operation is necessary; but on the contrary, if after a very careful examination we cannot detect any internal opening, more especially if the disease has not existed long, we may hold out some reasonable hopes that the fistula may heal up without resorting to the knife; at all events, that the major operation of dividing the sphincter ani muscle may be dispensed with. It is not very often, it is true, that our hopes are verified."*

* Loc. citat., p. 5.

Now it is probable that in a certain proportion of the cases where, after death, "the cavity of the intestine has remained intact, there being a long and tortuous sinus by the side of the rectum," there would have been found, had the searching test been applied, to which I shall now call attention, that minute inner opening which, from its escaping notice, was supposed to be necessarily absent.

The measures that thus far seem to have been employed for the purpose of detecting the inner orifice are four: —

1. The use of the hooked probe, exploring from within the sphincter ani.

2. That of a straight or but slightly curved probe introduced into the sinus from without, and employed either alone or conjointly with a finger within the rectum.

3. Distention of the rectum by large enemata, in the hope of opening the inner fistulous orifice from within.

4. Its dilatation by fluid injected into the fistula from without.

The first of these measures I have sufficiently described when speaking of the blind internal fistula.

The second of them is that usually employed by surgeons, and often ineffectually, as every one of much experience in these lesions well knows. If the orifice be small, a moderately sized probe may not be able to engage itself in it, and its pressure against the orifice may not be seen through an anal speculum or distinctly felt by the finger, while it is no uncommon thing, when the opening is low down and near the sphincter, for the point of the probe to pass it and sedulously search above in vain.

To the third of the methods enumerated there are the objections that a pressure sufficient to open the inner

orifice is usually enough to dilate the sphincter ani, through which the fluid would in that case be more likely to be discharged; that the inner orifice is very apt to be shut still closer by the entrance of particles of feculent matter, or the pressure against it, as a flap, of the edge of the adjacent mucous membrane; and that even if the fluid of the clyster should come through the fistula, the exact position of the inner orifice is thus no more revealed than it was before.

The last of the measures indicated, injection of the fistula from without, is, next to the second, that most commonly resorted to, and it is the most efficacious and rational of all, particularly if conjoined with eversion of the rectum from within the vagina. In resorting to it, it is better to employ a colored fluid, as milk, molasses and water, and the like. Here, of course, the indication is very different from what is required were the attempt made to close the fistula by an irritating injection, — a method which I have been in the habit of condemning, as compared with the knife.

In a certain proportion of cases, however, the use of the injection, just as the use of the probe, fails to establish the diagnosis. If the cul-de-sac above the inner orifice be large, and the fluid be thrown in in the ordinary method, it becomes distended, and if the orifice be minute, its superior margin is forced down over it like a flap, and in a similar manner to what I have shown obtains in the case of a rectal enema. In these instances we are able to resort to still another method, the following: —

5. A hollow sound, to the upper extremity of which a small syringe is fitted, as in the instrument of Dr. Savage, of London, for the localized application of fluids to the uterine cavity, is introduced within the outer opening of the fistula, until it has passed an inch, or even less,

within its canal. At this point the possibility of an inner orifice commences. The upper extremity of the sound, being slightly curved, is now pressed gently against the wall of the rectum, and by pressure upon its piston the contents of the syringe made to emerge. As this is done, the point of the instrument is made to ascend higher and higher towards the extremity of the fistula. If an inner orifice exists, the stream of fluid is absolutely sure to pass through it, and may be felt upon a finger within the rectum, or seen through an anal speculum, or, what is still better, directly made to reveal itself, the rectum having been everted from within the vagina, or made to resemble that canal by the forcible disruption of its sphincter. Of the merits of the method now described, I have repeatedly satisfied myself in practice.*

My views concerning the treatment of this form of fistula were presented at the last meeting of the Society (March 1, 1870).† I trust at some future time to present them more in detail, as well as to continue the discussion of the diagnosis, direct and differential, of other forms of rectal fistula in addition to those I have hitherto described,‡ rare many of them and as yet but imperfectly recognized, but on that account none the less interesting.

Note by Dr. Storer, (March, 1872.)— It will have been noticed that the preceding paper was written and read to the Society two years since, and that much of its reasoning is especially applicable to the treatment of anal fistula by the knife, as ordinarily employed. Since that time, a reputable member of

* To the above method, new at the time, I first called the attention of the profession in the American Journal of Obstetrics, etc., November, 1868, p. 212.

† See this Journal, April, 1870, p. 221, and September, 1870, p. 152.

‡ American Journal of Obstetrics, etc., February, 1869, p. 262.

the profession in this city, Dr. John P. Ordway, has ventured to test, upon a large and thorough scale, a method of procedure which seems previously to have been employed exclusively, or almost so, by irregular practitioners, and to systematically endeavor to cure even the most inveterate and extensive fistulas without the use of strictly surgical measures. In this he seems to have been very generally successful, to such an extent at any rate as to lead us to believe that his method of treatment is worthy much more attention from the profession than it has yet received. Dr. Ordway's plan of treating fistulæ has already been incidentally, but very briefly, described in former numbers of this Journal.* We hope that ere long we may be able to present our readers with an article upon the subject, with the details of cases, from his own pen.

TWO FREQUENT CAUSES OF UTERINE DISEASE.

By D. Humphreys Storer, Boston, late Professor of Obstetrics and Medical Jurisprudence in Harvard University.

[*Communicated to the Society, and read February* 20, 1872.]

[In November, 1855, I delivered the Introductory Lecture to the Medical Class of Harvard University. When the address was printed, a portion of it was suppressed, at the request of a member of the College Faculty, he considering that its publication would be injudicious. At the earnest solicitation of several of my friends, who then heard it, I now send you the original manuscript without having erased or altered a single word.]

* See this Journal, April, 1870, p. 244; July, 1870, p. 19; and Sept., 1870, p. 168.

I should feel that I had been guilty of an unpardonable neglect were I to omit to glance at a subject the importance of which, each succeeding year, has been more forcibly impressed upon my mind. I had hoped that, long ere this, some one of the strong men of the profession, — strong in the affections of the community, strong in the confidence of his brethren, — would have spoken, trumpet-tongued, against an existing, an universally acknowledged evil. I have waited in vain. The lecturer is silent, the press is silent, and the enormity, unrebuked, stalks at midday throughout the length and breadth of the land. It is time that this silence should be broken. It is time that men should speak. It is no presumption in the humblest individual to point out a much-needed reformation, however others may doubt the expediency of his course, if he thinks by thus doing he shall awaken in any mind the slightest attention to the subject; particularly if he sincerely believes that anything which can be found to be wrong can be rectified, that anything which ought to be done *can be* done sooner or later, whether it affects an individual, a community, or a race.

Within the past few years one of the most striking changes which has been observed in the phases of disease has occurred in the affections peculiar to the female. All physicians are familiar with the fact, not only that the different seasons produce peculiar derangements, but also that those derangements differ in a greater or less degree as the natural causes vary, and that the further removed from a state of health any individual may be, the more liable that individual is to suffer from periodical influences; that at these different periods one set of organs suffers disproportionately to others; that in winter and spring the thoracic organs are most frequently deranged; that in summer and

autumn the digestive apparatus is the seat of disease; also that each organ of the body is most affected when any of its important functions are unnaturally excited, either by being called into action too frequently or by that action being too long continued. These are well-established laws, intelligible to all; but when the diseases of an important organ are rapidly becoming more and more frequently observed, pervading every class of society, noticeable among those surrounded by the luxuries of wealth as well as in the beggar at our door, affecting those who have heretofore enjoyed the most perfect health as well as those whose constitutions had ever been infirm, — and no apparent cause exists for these sudden and alarming inroads, — the question naturally arises, how can this be explained? Why is it that the females of the present day suffer so much more from uterine diseases than those of the previous generations? If an answer to this inquiry does not instantaneously rise to the lips of every medical man, however limited may be his experience, his powers of observation must be exceedingly defective. The same natural laws exist which have ever existed; by them the same derangements are produced, — these are unavoidable; and that the same amount of disease should be observed in a given number of individuals, as was formerly noticed, ought to be expected — no more. Assuming this proposition to be self-evident, *unnatural causes* are exerting a fearful influence. An immense amount of disease exists which is unnecessary, which might be prevented. Various reasons have been assigned by different authorities for this alarming increase, each of which, while it explains a few isolated cases, leaves by far the larger number unaccounted for; from which it would appear that there is a great unwillingness, on the part of the profession, to dwell upon, or even to refer to, one of the

principal causes of this class of derangements. But why should this be? Why should we shrink from the performance of any duty, however unpleasant or ungrateful to our feelings it may be, if we think that it is demanded of us? If we know it is clearly a duty, it should be performed. We may, it is too true, be misunderstood; we may be misinterpreted. But this should not prevent us from the full, free expression of our convictions. A true man fears, can fear, nothing.

The most inattentive observer must be surprised when he remarks the comparative smallness of the families of the present day. Formerly, it was by no means an uncommon circumstance for parents to estimate their wealth by the number of their children; to be willing to suffer any privation, to endure any hardship, in order to rear and educate a numerous progeny. Now, a large family of children is a rare spectacle, and if any can be pointed at consisting of what was once a not unfrequent number, the principals are considered by many as proper subjects to occupy apartments in an insane hospital. *Fashion*, which controls everything, is the regulator here. The absurd, the preposterous desire so universally cherished among the different circles of society, each to appear as nearly equal in externals to the others as is possible to be done; the extravagance necessary to be indulged in by an inferior grade in order to imitate the modes of living of a higher one, are the great remote causes of existing opinions, of existing acts.

The fashionable young bride, accustomed to adulation, is reluctant to forego at once the excitement of society; she is too often unwilling to feel that she "has taken the veil" — that she has consecrated her affections to one being — and that his approval and his devotion should keep her heart ever full to overflowing; but wishing still to enjoy the immunities of unmarried life — to be

as free, as unshackled as ever — she will not endure the seclusion and deprivations necessarily connected with the pregnant condition, but resorts to means, readily procurable, to destroy the life within her, apparently unconscious that she is not only committing a crime in the sight of the law, but also a sin in the sight of her Maker.

The mother, too, while she acknowledges the happiness she enjoys in the possession of her children, and looks upon them as the most valuable blessings she can possess, not unfrequently is willing, anxious, to pursue a similar course to produce a similar result. Unfortunate, perhaps pecuniarily unable to have her family provided for in the manner in which they have been accustomed to live, her pride will not allow her to see those already dependent upon her, appearing less "respectable," to use a word thus applied in common parlance, as she thinks must be a necessary consequence upon the introduction of every addition to the circle; or learning from others that woman was born for higher and nobler purposes than the propagation of her species, that it is unreasonable that so large a portion of her life should be yielded to its drudgery, or, imagining, from some misinterpreted remark her physician may have carelessly made, that it would really be dangerous for her again to be called upon to give birth to a mature child, and even that it would certainly cause her death, she persuades herself into the belief that it is not morally wrong, that it is really her duty, to destroy her unborn child.

I do not presume to stand here as a moralist. I would attempt only to point out a few of the duties obligatory upon the physician, as such. I should, however, be faithless to the noble profession which occupies my every thought; I should be unworthy the confidence

or esteem of my brethren did I refrain, while referring to this subject, to enter my solemn protest against the existing vice; to express, emphatically, the universal sentiment of horror and indignation entertained among the upright men of the profession in this community. Of *horror*, that the female can so completely unsex herself, that her sensibilities can be so entirely blunted, that any conceivable circumstances can compel her to welcome such degradation! Of *indignation*, that men can be found so regardless of their own characters, so perfectly indifferent respecting those of their cotemporaries, as to lend their services in such unholy transactions.

To save the life of the mother we may be called upon to destroy the fœtus in utero, but here alone can it be justifiable. The generally prevailing opinion that although it may be wrong to procure an abortion after the child has presented unmistakable signs of life, it is excusable previous to that period, is unintelligible to the conscientious physician. The moment an embryo enters the uterus a microscopic speck, it is the germ of a human being, and it is as morally wrong to endeavor to destroy that germ as to be guilty of the crime of infanticide. But there are many who will pretend not to be convinced upon this point, whatever arguments may be adduced; they choose to think for themselves, and of the morality of the subject they feel they can judge for themselves. Upon such, should be urged the unavoidable injury to their *physical condition*, the serious inroads upon their health which inevitably follow, if they do not always accompany, these forbidden procedures; they should be entreated to hesitate in their career before their systems are undermined; they should be made to comprehend that their well-being depends upon a proper observance of certain natural laws, which are readily understood, and which are as exacting as they

are intelligible; that each organ has a law of its own, if I may be allowed thus to speak, controlling the performance of its functions,—a law which cannot be broken with impunity. The Lawgiver is inexorable.

A law of the organ of which we have been speaking, requires that a certain specified time shall be occupied in perfecting its most important work; this period is fixed, uniform, universal. In a state of perfect health deviation may be said to be unknown. When any irregularity is noticed it may be traced almost invariably to some unnatural cause. When the entire limit is reached, when the fœtus has become perfectly developed, the system of the mother, gradually being prepared for the approaching event, is able to bear the momentous change unimpaired. The unfortunate cases are exceedingly rare; they are the exceptions to the rule. When, however, from any accidental cause the organ is called upon to perform a duty for which it is unprepared, a greater or less degree of injury must be produced; and when any rude attempt is deliberately made to effect this object, infinitely greater is the probability of there being increased detriment and irretrievable harm; for, in addition to the circumstance I have referred to, of the unpreparedness of the organ for the attempted change, are the unavoidable local lesions; and that cause, even more important than these (say what men may to the contrary), the deep, heart-felt depression which must weigh upon the spirit of the evil-doer. Hundreds of lives are unquestionably yearly lost by the innumerable methods which are resorted to to produce premature delivery, and thousands of females who escape the grave may date, from these operations, the origin of many exhausting, painful, incurable diseases. The laws of the land, with all their penalties annexed, can do but little to abolish the crime. Compulsory measures may meet

individual cases, and cause a temporary respite in a limited circle, but in order to produce an effect co-extensive with the transgression, that course should be pursued, the lenity of which proves its sincerity. Reason should be dealt with; moral suasion should be used, and no one can exert a greater influence than the physician; for no one is compelled like him to witness the misery, to see the distress which is acknowledged by the sufferer to have been thus produced, to hear the disclosures as they reluctantly fall from the lips of the dying penitent. We can do much — we can do all. If our profession will feel and act as one man; if they cannot all regard the subject in the same light as I have, as respects its morality, but will look at it merely as a cause of physical suffering to the mother; if they will upon all proper occasions freely express their convictions of its injurious effects, of its present danger, of its detrimental consequences, — a triumphant result must follow. Years, a half century perhaps, may elapse before such a reaction shall have been produced, but, slow although it undoubtedly would be, it would be certain. Like all other crimes it might be occasionally perpetrated. To preserve a previously unsullied character, to prevent a deep and damning stain upon a family's reputation, it would be clandestinely resorted to, but the virtuous mother would no longer be found sacrificing her offspring.

In this connection I would for a moment refer to a subject which seems entirely to have escaped the notice of the medical writer, and yet it is one which must often force itself upon the mind of the physician, not merely as a prominent ground for variations in tables relating to population, but also as being a no inconsiderable cause of uterine disease. I allude to *the means so extensively employed to prevent impregnation.* Although there exists a large number of individuals whose con-

scientious scruples would prevent them from deliberately producing an abortion, very many of these consider that it is perfectly right to use all *practicable means to avoid conception.* To such an extent is this feeling carried, that it is a very common occurrence for the physician to be told that children need not be conceived, and by such persons they are not conceived; frequently to these individuals no children are ever born. This procedure is continually gaining strength, and is to a great extent based upon the same causes as those which prompt others to free themselves of the product of conception. The question of its morality I leave for others to argue, and only cursorily look at it as a cause of disease. The physiologist well knows that the functions of no organ can be interfered with without suffering being induced; that as an organ may be destroyed by excessive action, so may it become atrophied by disuse; that it requires a natural incentive, a peculiar, an appropriate stimulus to preserve its healthful condition; that a function may lie dormant for years, for life, may never be called into action, and yet the integrity of the organ may not apparently be affected, — but should it once be excited, the application of any cause which shall interfere with its perfect performance must be detrimental; and that if, when the system is perfectly developed, and the union of the sexes exists, the uterus is not allowed to be excited by the stimulus provided for that purpose, and for that purpose only, it cannot but suffer. An unusual determination of blood to the organ uniformly takes place at the moment referred to; if the sexual desire is gratified, the function naturally performed, this local plethora is relieved, and the organ is left sound. If, however, the operations of nature are interrupted, different results must follow. The interior of the organ, debarred from its appropriate excitement, executes imperfectly its func-

tion, the congestion is not readily removed, and, increased by every repetition of the unnatural intercourse, gradually passes into a state of confirmed hypertrophy. Without sufficient data to warrant me in stating positively the fact, I would, nevertheless, venture the belief that numberless cases of induration, and finally of organic disease, must be the inevitable consequences.

I need not state that I have been induced to touch upon these most ungrateful topics from a sense of their vast importance; from a feeling that they have not received the attention they deserve from the profession at large; from the hope that even my feeble voice might not be raised entirely in vain; conscious that should any of my brethren fail to entertain similar views, they will appreciate my motives, and at least respect the expression of my opinions.

GYNÆCOLOGICAL SUMMARY.

By George Holmes Bixby.

III.

We had intended in this monthly resumé to go no farther back, chronologically, than the past year, but as we have made an exception to the rule in the case of the Berlin "Archiv," it may be well to do so also in that of the "New York Obstetrical Journal," which has done so much, during the three years of its existence, for the advancement of gynæcology.

The "American Journal of Obstetrics and Diseases of Women and Children" dates from February, 1868, and appears quarterly. It was originally edited by Drs. Emil Noeggerath and Benjamin F. Dawson. Subse-

quently Dr. Abram Jacobi was added; but of late it has been under the sole control of Dr. Dawson. The standard of this Journal has been uniformly high, and many of the articles it has contained have been of the very greatest excellence. When the Gynæcological Society of Boston was founded, an official report of its first meeting was published in the "Obstetrical Journal," and it was intended to continue the proceedings therein; but it was soon found that such a wealth of material was presented to the Society as to render its transactions very voluminous.

In addition to this, the conductors of the New York Journal decided to give a much greater space to the diseases of children than had at first been intended; and thus, while the department of Obstetrics, properly so-called, was receiving its due share of attention, the diseases of women were thrown into comparatively a subordinate place. The tendency of the "Journal," as evidenced alike by its title and its contents, was to perpetuate the system that until within a year or two has obtained at all our medical colleges, and is still in force at many of them, by which, if instruction in gynæcology were given at all, it was as a mere appendage to the chair of Obstetrics, too often attached, in addition, to lectures upon the diseases of infants and children, with which in reality it has not the slightest connection whatever. For these reasons the Gynæcological Society thought it best to establish a journal of its own. It was indeed virtually compelled to do so, formed as it was "for the purpose of the advancement of gynæcic science and art, and their due recognition, not in Boston merely, but throughout the country;" and while we wish the Journal of Obstetrics all the success that its proprietor can desire, we cannot but think that the best interests of the three special departments it attempts to cover

would be enhanced by their separation from each other. This is certainly true so far as concerns the diseases of women, now so overshadowed by their artificial classification with Obstetrics proper, or Midwifery.

We proceed to enumerate the gynæcological contents of the Journal so far as it has yet been published.

No. I. (May, 1868) of Vol. I. contains the first of a series of papers upon

THE RECTUM IN ITS RELATIONS TO UTERINE DISEASE,

By Dr. H. R. Storer, of Boston.

Dr. Storer prefaces this treatise by a general review of the subject of rectal diseases and their diagnosis. Three distinct propositions are laid down: —

1. The frequency of organic disease of the rectum in woman is as a general thing under-estimated.

2. The importance of such diseases in causing, exaggerating, or modifying the character of uterine disease, is as a general thing not appreciated or recognized.

3. The present treatment of rectal disease, especially its surgical treatment, is capable of being very materially improved.

Rectal diagnosis is subdivided into a threefold group: —

1. The diagnosis of disease strictly rectal.

2. The diagnosis of rectal disease as aggravating, or otherwise modifying, uterine disorders.

3. The diagnosis of rectal disease as the result of outlying pelvic or pelvi-abdominal lesions.

The different forms of instruments hitherto employed for the diagnosis of strictly rectal diseases are discussed, and their use for the purposes of differential diagnosis is condemned. The reasons for so doing we give in the author's own words: —

"By passing the finger into the vagina, and pressing it backward and downward over the levator ani, the rectum can be everted through its sphincter like the finger of a glove. This can ordinarily be done to a very great degree; it can always be done to a certain extent. Should the sphincter be unusually irritable, and spasmodically contracting with violence when touched from below or thus from above, it can be forcibly distended by the thumbs, and temporarily ruptured, as I am in the habit of doing in such cases; the procedure above indicated thus becoming easy. We can in this manner ascertain the presence of chancre or chancroid, the character of polypi, the extent and number of internal hemorrhoids, the position of the inner orifice in fistula, etc., with far greater certainty and alacrity than by the speculum, or can be done in the male, while the mere eversion process, provided rupture of the sphincter is not necessary, is attended by very little pain."

The paper closes with a case illustrative of the procedures just described.

The following reports from the Transactions of the New York Obstetrical Society from Nov. 5 to Dec. 30, 1867, will also be found in this number: —

Removal of a fibrous polypus, by Dr. Henschel.

A case of Cauliflower Excrescence of the Cervix, complicating pregnancy at the eighth month, with induction of premature labor, and removal of the diseased portion ten days later by galvano-cautery, followed by recovery, reported by Dr. Jacobi.

The removal of a Fibroid Tumor, the size of a walnut, from the right labium majus, by Dr. Chamberlain. Upon inquiry by Dr. C., as to the frequency of such tumors, Dr. Peaslee stated that he had seen about a half dozen, one of which was as large as the fist, and supplied by two arteries the size of a clay pipe-stem.

The second number of Vol. I. (August, 1868) contains the history of a case of Rupture of the Vagina, during labor, the child remaining partly within the abdominal cavity for several hours, followed by recovery; by Dr. F. B. Stirling.

The second of Dr. Storer's articles upon the Rectum in its Relations to Uterine Disease. A translation by Dr. G. Treskatis of a paper upon

UTERINE POLYPI AND FIBROIDS,

By Dr. Saxinger, of Prague,

based upon lectures and observations at Prof. Seyfert's Gynæcological Clinic.

The subject is treated under three heads, namely, mucous, fibroid, and fibrous polypi. Passing over the history, pathology and indications for treatment of the mucous form, and also quotations from Rokitansky, we give what is said in regard to fibrous polypi. Having ourselves personally heard these lectures, we are anxious that their excellence should be better appreciated in this country.

"Fibrous polypi originate through hypertrophy of the sub-mucous connective tissue, assuming the shape of a pear, cylinder, or club, rarely being lobulated, attaining generally the size of a hen's egg, sometimes that of a man's fist, and in exceptional cases, growing as large as a child's head. The uterine mucous membrane, covering these fibroid polypi, remains at first usually unchanged; it gets, however, thinner in proportion to the increase of size and consistency of these tumors, until frequently only a slender epitheliated layer remains, containing on its surface small indentations caused by the obliterated utricular glands. The parenchyma of the fibroid polypi consists mostly of connective tissue in its different

stages of development, thereby varying the appearance and consistency of these polypi. If a polypus consists mostly of primitive (embryonal) connective tissue, its cut surface appears humid, more homogeneous, and of a grayish-red color; if, however, the connective tissue is more highly organized, the cut surface shows fibrous bundles crossing each other in various directions. These tumors are harder, and consist of wavy fibro-cellular tissue, which abounds in nuclei. The parenchyma of these polypi is, however, not always as simple: frequently uterine glands, having their ducts constricted and then enlarged, form cysts filled with a clear, yellowish, hemorrhagic liquid, or containing colloid masses. . . . These tumors are not very rare. Professor Seyfert has already described them minutely eleven years ago. We believe that these adenoids originate from a hypertrophy of the uterine glands, a partial hypertrophy of their ducts, and a subsequent dilatation of the constricted parts, as it happens similarly in cystosarcoma mammæ, or in tumors on the nose, proceeding from the hypertrophied skin, and from enlarged sebaceous follicles, without necessarily assuming a new glandular formation.

"The fibrous polypi spring most frequently from the fundus of the uterus; they originate always in the submucous stratum, and are connected with the uterine surface by a pedicle formed of connective tissue. Fibrous polypi proceed but rarely from the cervix, and still less from the vaginal portion. Their favorite place of origin is the posterior wall of the body of the uterus.

"The fibrous polypus acts as a foreign body by irritating the uterus, which frequently is hypertrophied; hyperæmia of the uterine mucous membrane, and frequently hypersecretion of the glands with chronic blennorrhœa, follow. Profuse hemorrhages also often take

place, followed by anæmia and its consequences. The quicker the polypus grows, the more it extends the uterine cavity; the harder it is, the more intense are the labor-like pains caused by such a polypus. These pains either precede or accompany the hemorrhage, and resemble the pains incident to confinement, having the same cause; the uterus tries, by contracting itself, to discharge its contents. The polypus is pressed towards the natural outlet, the cervix is first extended and then shortened, until the polypus is delivered, after a strong and very painful contraction pushes it down into the vagina. If the pedicle is short, and the uterine walls are relaxed, partial and even total inversion may ensue. If the entire uterine cavity is filled by a fibrous polypus, sterility usually happens, although cases are on record where pregnancy existed together with a large fibroid polypus. If such a polypus attains an excessive size, manifold disturbances arise from the pressure upon the pelvic viscera. Thus there may be dilatation of the ureters, hydronephrosis, compression of the rectum and bladder, œdema and varicosities of the lower extremities. Dysmenorrhœa is also frequently caused by it.

"Sometimes a fibrous polypus undergoes fatty degeneration, the tissue becomes of a doughy consistency, abounding in a fatty granular detritus. Necrosis happens but rarely; it may attack the polypus when it is still in the uterine cavity, or after it protrudes into the vagina. Twisting and pulling of the pedicle seems to be the cause of it in the protruding polypus. The necrosis commences at the lowest part and attacks in the beginning only the mucous membrane, but may lead to a total gangrenous destruction, as happened in one case reported by Marchal de Calvi, and in two cases observed by ourselves. Rokitansky and Loir have described cases of total decomposition of fibrous polypi,

attacking also the uterus itself, and leading to perforation into an adjoining cavity (bladder or peritoneum), or even opening externally through the abdominal wall."

From the report of the Transactions of the New York Obstetrical Society from Dec. 17, 1867, to Feb. 4, 1868, we extract the following: —

Dr. Noeggrath presented a specimen of Myoma of the Uterus, which was chiefly interesting on account of its removal. The subject was a patient, aged forty, whom he had found prostrated from hemorrhage. Her mother had died of cancer. She had been twice married. Upon examination, the os was found patulous, and a tumor and its attachment easily detected. A few days subsequently ether was administered when, to the doctor's surprise, the os was found contracted to one-half its former size, and with so many firm adhesions between the uterus and tumor as to render the use of the ecraseur very doubtful. Some of the adhesions were broken down, but not sufficiently to use the ecraseur, until the lower portion had been removed, and the adhesions subsequently entirely broken down. The extraction of the tumor was obtained with great difficulty after division, through the small os.

Dr. Emmet related a case of Reduction of an Inverted Uterus, under most unpromising circumstances. The patient had been confined, and had a normal labor. One hour and a half after her delivery, the uterus was found inverted; it was reduced by the attending physicians, who remained an hour to watch the case. It did not come down again, and the patient remained well for a year and nursed her child. At the expiration of this time, menstruation returned, and so very profusely that an examination made to ascertain the cause, detected a complete re-inversion of the uterus. There had been no symptom to indicate the existence of the inversion up to

this time. The patient was etherized, and Dr. E. succeeded in getting the fundus within the neck, but could do no more. The attempt was renewed a few days later, and on careful examination it was found that the broad ligament had been drawn into the cavity formed by the inversion, and had contracted adhesions there which prevented the fundus from rising to its proper place. Not able to overcome the obstacle, and not wishing to lose what had been already gained, he determined to keep the fundus within the cervix by passing sutures through the lips of the os, and thus prevent descent. Two days after, the patient experienced a sudden relief, due to the giving way of the adhesions. Four days after, upon attempting a further reduction, it was accomplished in twenty-seven minutes.

Dr. Otis reported a case of

NEURALGIA OF THE TOES, FROM ULCERATION OF THE OS UTERI.

Dr. Otis mentioned the case of a patient who suffered from a neuralgia of the two toes next to the great toe, apparently due to ulceration of the os uteri. She had suffered in one foot or the other for more than a year, and obtained complete relief on the healing of the ulcer, after application of nitrate of silver.

Dr. Emmet had seen a case in which one joint of one of the fingers of the left hand was always affected painfully by uterine disease.

Dr. Peaslee remembered having treated a patient in the State of Maine, who had ulceration of the womb, and in whom applications made to the ulcer always produced pain in the two toes of the left foot, next to the great toe. He had also treated another patient from Brooklyn, who was relieved of a continuous neuralgia of the left foot, on curing an affection of the womb.

Dr. Chamberlain recited a similar case.

Dr. Noeggerath had known a vascular polypus at the orifice of the urethra to cause pain in the ball of the foot, and sometimes in the instep.

Dr. Jacobi related the case of a lady, who always had neuralgia when pregnant, and could diagnosticate her condition from this circumstance. The seat of the pain was a neuromatous swelling of the cutaneous nerve, on the anterior aspect of the thigh, near the point where the artery, vein, and nerve emerge from beneath the sartorius muscle.

Dr. Perry reported a case of Mania in the person of a woman who had had puerperal convulsions, and at the time was suffering from, and was operated upon unsuccessfully for, vesico-vaginal fistula.

Drs. Perry and Peaslee stated their experience upon the

EFFECTS OF SEWING MACHINES ON MENSTRUATION,

Dr. Chamberlain having asked the experience of the members on the effects of the use of sewing machines on menstruation, and on the condition of the uterus and ovaries. He had recently been treating a patient who had enlargement and prolapse of the right ovary, attended by general debility, which was evidently caused by operating on a sewing machine.

Dr. Perry had known two or three cases of severe uterine disease, in one of which death occurred, that were due to the use of a sewing machine.

Dr. Peaslee had a patient who had been an operator on a sewing machine, and was afterward forewoman of an establishment in which fifty girls and women operated on machines. Most of the girls suffered from dysmenorrhœa and leucorrhœa. The derangement of the menstrual function was so great that they were

generally obliged to absent themselves from work during the catamenial flow. It had recently been observed, also, that the motion of the limbs in working the machines occasions a sexual excitement.

Dr. Peaslee exhibited a small Ovarian Cyst, successfully removed. He had seldom seen more disturbance from so small a tumor. The only peculiarity in the progress of the case was a looseness of the bowels following the use of a laxative pill, the same producing twenty-one stools in thirty hours.

No. 3 of Vol. I. (November, 1868) contains Dr. Storer's third article upon the Rectum and its Relations to Uterine Disease, and Dr. Treskatis' second translation of Dr. Säxinger's paper upon Uterine Polypi and Fibroids.

The following papers are found in No. 4 of Vol. I. (February, 1869): a remarkable case of Prolapsus Uteri of eighteen years' standing, successfully treated by Elytrorhaphia, by Dr. J. Byrne, of Brooklyn; Dr. Storer's fourth article upon the Rectum and its Relations to Uterine Disease; Surgery of the Cervix in connection with the treatment of certain Uterine Diseases, by Dr. Emmet; and also an exhaustive historical review of Uterine Injections, by Dr. Joseph Kammerer.

Reflex Irritation from the Rectum as a Cause of some Affections of the Uterus, by Dr. J. C. Nott, closes the list of gynæcological papers in Vol. I.

No. I. of Vol. II. (May, 1869) contains an exhaustive article upon "Ovariocentesis Vaginalis," with a new method of performing the operation, by Dr. Emil Noeggerath, of New York.

The article commences by a general historical exposé of the subject up to the time when it was almost abandoned in Europe and resumed by physicians in New

York. Then follows the histories in detail of cases operated upon, most of them published for the first time. The two last contain a full report of Dr. N.'s method of operating. The subject is concluded by a few remarks upon the value of the operation, and a statistical table covering all cases that have come to his knowledge.

Dr. Dawson reports a remarkable case of Follicular Vulvitis.

In No. II. of Vol. II. (August, 1869) Dr. Kammerer communicates a paper upon Uterine Catarrh, in which the use of uterine injections is advocated when executed with necessary caution. We quote the author's closing remarks upon the latter subject: —

"Intra-uterine injections have been in use from time immemorial until now; still the opinions of authors as regards their admissibility are extremely varied, as may be seen from the perusal of a historical review of the subject extracted from Cohnstein's treatise on chronic metritis, which I translated for the Feb., 1869, number of this Journal. My attention was chiefly called to their importance twenty years ago by the remarks of Kiwisch on this subject, in his work on gynæcology. I have therefore no claim to originality in their application; my intention was simply to prove their harmlessness if executed with the necessary caution, and to render them more available by devising new means for the dilatation of the uterine canal. The odium still attached to their use will disappear if we succeed in establishing rules insuring their safety; and although we allow that accidents may occasionally occur, notwithstanding the most careful observance of these rules, let us not forget that such has been the case after all surgical operations performed on the uterus, the simple

application of the uterine sound not excepted, and that the amount of risk incurred is commensurate to the advantage to be obtained."

A case of Inversion of the Uterus occurring after the climacteric period, from a fibro-cystic tumor situated at the fundus, is reported by Dr. T. A. Emmet.

An article upon Malignant Disease of the Neck of the Uterus, its diagnosis and treatment, by Dr. A. J. C. Skene.

A letter from Prof. Simon, of Heidelberg, to Dr. Nathan Bozeman, of New York, entitled "Historical Remarks on Operative Occlusion of the Vagina by the Union of its Walls, in cases of Incurable Vesico-Vaginal Fistulæ."

Dr. William Goodell, of Philadelphia, has a long article upon Concealed Hemorrhage of the Gravid Uterus; short histories of a hundred and six cases are quoted from different authorities.

The following are extracts from the Transactions of the Philadelphia Obstetrical Society, session of Dec. 3d, 1868: —

"Dr. Geo. Pepper related the history of a case where, after the removal of a number of Vascular Growths from the female urethra and the thorough cauterization of their base by NO_5, no unpleasant symptoms showed themselves; and when, a week after the operation, the inflamed base was gently touched with argent. nit., the most violent pain and sympathetic disturbances suddenly developed themselves. The patient was a strong, self-reliant woman, forty-five years of age, had ceased to menstruate three years previously, and had never suffered from any hysterical phenomena. After the application of argent. nit., however, her entire nature seemed changed; she became hysterical to the last degree, and, notwithstanding the entire removal of the local condition

and the administration of bromide of potassium and other sedatives, she has not materially improved.

"Dr. John H. Packard related the history of a case of Vaginismus, in which the woman became pregnant, although penetration had never been accomplished. No examination could be made, on account of the violent spasmodic action of the muscles of vagina and vulva. Her condition was partially relieved by palliatives, but she aborted at the sixth month.

"Dr. F. G. Smith, Jr., asked the experience of the Society in the use of ammon. muriat. and tinct. aconit. in Ovarian Neuralgia, and stated that the former was reported to be very efficient in such cases.

"Dr. A. H. Smith had never used it in such cases, but spoke very highly in favor of ammon. muriat. in xv.-grain doses, repeated every two hours, in hemicrania.

"Dr. J. G. Allen related the history of a case where he had successfully employed Transfusion. The patient was extremely reduced by repeated attacks of intermittent fever, and failed to rally under treatment. She became pregnant, miscarried, and flooded so profusely that her life was despaired of. The hemorrhage was, however, ultimately checked, and she slowly convalesced; but on resuming her ordinary avocations, the hemorrhage returned, and although again checked, soon recurred. Dr. Allen transfused about f. ʒ iv. of defibrinated blood, taken from her husband, with immediate good effects, and ultimately she entirely recovered. The instrument used was a glass syringe, the nozzle being made on the plan of the ordinary hypodermic syringes, introduced into a superficial vein, and the blood directly injected.

"Dr. J. G. Allen related the history of a patient who had aborted a number of times at a fixed period of gestation, the accident being apparently caused by the

death of the embryos. She was apparently a perfectly healthy woman, but her husband had suffered from syphilitic disease. Dr. Allen endeavored to prevent a recurrence of the accident by the administration of iodide of potass., etc. She again became pregnant, and passed the usual period of abortion in good health, the movement of the child continued, and she then for the first time showed evidences of syphilitic infection — ulcers on limbs, cutaneous eruption, etc., — but went on to full term, and gave birth to a healthy child."

No. III. of Vol. II. (November, 1869) contains the first part of a translation of an interesting and comprehensive paper upon the Pathology and Treatment of Membranous Dysmenorrhœa, by Dr. Mandl, of Vienna.

Dr. T. G. Thomas contributes the history of four cases of Chronic Inversion of the Uterus, with the account of an operation designed as a substitute for amputation. Dr. T. speaks of the differential diagnosis of inversion and polypus, and the treatment which has been heretofore adopted; also a record of the removal of the inverted uterus by ligation, excision, and by both combined. Under the same head, Dr. T. quotes verbatim two cases of reduction of the inverted uterus, respectively by Drs. Emmet and Worster, of New York.

Dr. Nott has a paper upon the Treatment of Endometritis by Uterine Injections.

And Dr. Noeggerath communicates the first of a series of papers upon Chronic Metritis in its Relations to Malignant Disease of the Uterus.

From the Transactions of the Philadelphia Obstetrical Society, session of July 1st, 1869, we glean the following interesting cases: —

URETHROPLASTY.

"Dr. John H. Packard reported the following case: —

"Mrs. E. W., æt. forty-six years, was confined for the first time twenty-seven years ago; her labor was a very severe one, but she recovered from it well. Since that time she has had six children, the last about eight years ago. Ever since this last confinement she has suffered with incontinence of urine. She was admitted into the Episcopal Hospital about Nov. 1, 1868, suffering not only from this, but also from constitutional syphilis, contracted from her husband.

"*Nov.* 7. — She was thoroughly etherized, and placed on her knees and elbows, the abdomen resting on a stool covered with pillows. The bowels had been previously evacuated by purgatives and an enema. Sims' speculum was introduced, and the anterior wall of the vagina readily exposed to view. An orifice of some size led into the bladder, with a papilla projecting below it. On careful examination this proved to be the lower wall of the urethra, as if torn away on either side.

"At the suggestion of Dr. Agnew, who was present, I pared the edges of the papilla, and freshened the corresponding surfaces on either side. The urethral passage was then restored by securing the raw surfaces in apposition by four sutures of silver wire on each side, fastened with the perforated shot, as in the operation for vesico-vaginal fistula. Sims' double-curved catheter was inserted, and the patient was placed in bed.

"Opiates and light nutritious diet were ordered.

"*Nov.* 17. — Removed the stitches, except two, which were deeply buried in the swollen mucous membrane, and were not taken out till the 29th. On this latter day, union seeming to be perfectly firm, the catheter was

finally removed, and she was directed to get up and move about.

"To have Tr. cantharidis, gtt. xx. t.d.

"*Dec.* 3. — She is able to hold her urine sometimes as long as two hours. On account of some abdominal pains, the dose of the tincture was ordered to be reduced to gtt. x.

"*Jan.* 28, 1869. — She has again lost the power of retaining her water. On examination, the parts are in good condition, but relaxed, so that the calibre of the new urethra is too great. Ordered Tr. cantharidis, gtt. xv. t.d.

"Her subsequent experience was, that the control of the urine only lasted during the continuance of the medicine."

DEATH UNDER SULPHURIC ETHER.

"Dr. L. D. Harlow related a case as follows : —

"Three days ago I was called to attend Mrs. B. in confinement. Her history was this: Age, thirty-five years; of good health and constitution. Fifteen years ago she was confined with her first child; had a severe labor, lasting from two to three days, and was finally delivered with forceps. After suffering several weeks she regained her usual health and strength, but did not again become pregnant for the next ten years. At the end of this time, when about four and a half months advanced in pregnancy, she had a miscarriage, which came on without any known cause. She speedily recovered, and menstruated regularly until her last pregnancy, whose term had fully expired, when I was called to attend her.

"When I visited her, at three o'clock in the afternoon, I found her pains quite frequent, forcing, and prolonged;

her outcry making one think the child was about to be expelled. I was informed that labor-pains came on about two hours before, and had regularly increased in force and frequency. Upon examination I found the os uteri almost fully dilated, the membranes ruptured, and the vertex presenting in a favorable position, and the prospect of a speedy termination would have been fair, *had there not been an insuperable obstacle* at the outlet of the pelvis. About an inch and a half from the ostium vaginæ, stretching from one ischium to the other, was a firm *cartilaginous, crescentic band*, about one-eighth of an inch in thickness and two inches in width, resembling a *gigantic hymen*, and completely closing up the *posterior half* of the inferior strait. Placing my finger upon its free anterior edge, which looked towards the arch of the pubis, it seemed like a strong cord drawn tightly across the pelvis, just above the outlet, and as unyielding as a piece of sole-leather. This band was doubtless the result of the first labor; the long-continued pressure of the head upon the soft parts at the floor of the pelvis, and perhaps the unskilful use of instruments, causing inflammation, and probably *rupture* of the parts, which nature attempted to repair by the effusion of lymph, thus forming this unyielding cicatricial tissue.

"My first impression was, that the child's head could never pass without removing the obstacle by incision; but, knowing the great resources of nature, I determined to wait for a time, and try the relaxing effects of sulphuric ether, which I have found so valuable in rigidity of the os uteri, and of the soft parts generally.

"The pains continued active, but not violent, but no progress was made. Before resorting to the knife I decided to ask for counsel, and at seven o'clock called on Dr. D. Hayes Agnew, but he was engaged for the evening. I stated the particulars of the case. He ad-

vised, before operating, to try the application of the forceps, and make all proper effort at delivery, and if not successful, then make an incision of the band. Desiring the presence of a medical friend, I asked Dr. R. R. Taylor to visit the case with me. Dr. T., upon the first examination, was of the opinion that the opposing band would have to be cut. But as the patient was in a tolerably fair condition, without any marked signs of exhaustion present, we concluded to try the forceps. The space was so narrow that I found it impossible to apply Davis's forceps, owing to the width of the blades. After considerable difficulty, I however succeeded in adjusting Hodge's forceps to the head. I now made the necessary traction, using all reasonable force, and continuing, without violence, my efforts, until I was convinced that safe delivery in this manner was impossible.

"During this time, which was less than half an hour, the patient was kept under the influence of ether, Dr. Taylor attending to its administration. I now, with a blunt-pointed bistoury, made an incision of the band, half an inch in depth upon each side, corresponding in position to the convex edge of each blade of the forceps. By a very moderate effort the child was immediately delivered. It was still-born. The womb readily contracted; the placenta was removed without delay or difficulty; no hemorrhage of any account followed. The patient was not at any time profoundly etherized. She was conscious a few moments before delivery, and answered some questions intelligibly.

"Her pulse had shown some signs of flagging, but not of extreme exhaustion. Brandy had been pretty freely administered; yet it was noticed immediately after delivery that her breathing became hurried, her pulse small and fluttering, and her surface cold. Death followed, to our utter amazement, in about fifteen minutes.

"To me the cause of death in this case is obscure. It could not, in my opinion, have been from sheer exhaustion. The patient was in labor altogether not over eight hours, and at no time did the pains exceed those of an ordinary confinement. It could not have been from hemorrhage, for the flow of blood which followed was very slight. When signs of rapid sinking appeared, I examined the womb externally and internally, and found perfect contraction, no loss of blood having taken place.

"It could not, I think, have resulted from the use of ether. It was carefully administered, and at no time were there any unfavorable symptoms attending its use.

"Death could not have been caused by so simple an operation. There was no evidence of any extensive rupture. No symptoms of disease of the heart or lungs were evident during life.

"I regret very much to add, that I could not obtain permission to have a post-mortem examination."

PESSARY REMOVED FROM THE RECTUM.

"Dr. Geo. C. Harlan presented to the Society a much eroded and bent ring pessary, which he had removed from the rectum of a patient, and gave the following history of the case: The woman had had the instrument introduced into the vagina five years ago, for the relief of procidentia uteri, and had worn it with great comfort for two years, when she had a severe fall, since which time she has had considerable pelvic pain, accompanied by a bearing-down sensation. Latterly the pains had increased in severity, and had become complicated by difficulty and distress in defecation. When Dr. H. was called to her he found a portion of the instrument protruding from the anus, and on examination found that

it was firmly embedded in the anterior wall of the rectum; the tissue having united firmly over it, he was obliged to cut the ring, and draw it out of the canal thus formed. No recto-vaginal fistula was left after the removal of the instrument. Dr. H. believed that at the time of her fall, three years ago, the pessary had become displaced, and that the pressure exerted by it on the posterior vaginal wall had gradually led to perforation of the septum between the vagina and rectum, and the almost complete escape of the instrument into the gut; and he explained the absence of a fistulous opening by the supposition that the tissues had grown up closely around the ring, so that at no time was there a direct communication between the two passages.

"The case was commented on by a number of members, and several cases were related where pessaries of the various forms had been more or less deeply imbedded in the vaginal walls; and in one case, narrated by Dr. Edw. L. Duer as having occurred in the practice of Dr. E. Wallace, the pessary was found partially in the rectum — the opening by which it had escaped being still patulous.

"Drs. A. H. Smith and George Pepper were inclined to believe that the explanation of Dr. H.'s case was to be found in the fact that patients were very apt to remove and re-introduce pessaries at will (and when any trouble was experienced from the act, deny all knowledge of the occurrence); and that when the parts were dilated and relaxed from long standing, uterine displacement, or frequent parturition, the instrument might quite readily, especially when a flexible ring, be introduced into the rectum.

"Dr. Albert H. Smith reported a case of Retroversion of Gravid Uterus, with enormous distention of bladder at five months.

"Dr. D. H. Agnew presented a specimen of Fibroid Growth, removed from the cervix uteri by a longitudinal ecraseur invented by himself, and described in the October number of the 'Medical and Surgical Reporter.' The patient, of middle age, and the mother of several children, had suffered from menorrhagia for the last four or five years, and was exceedingly anæmic and prostrated. Dr. A., on digital examination, found the mass in the vagina, and after drawing it down, was able to pass a small uterine sound through the os uteri, which appeared as a small orifice on the posterior surface of the growth, into the cavity of the uterus, and gave exit to a considerable quantity of retained blood. The muscular tissue of the uterus was continued over the growth for about one-half its length and, after being dissected off the mass, was removed at about the position of the internal os uteri.

"Drs. Harris and J. G. Allen spoke of cases of fibrous polypus, and narrated the symptoms.

"Dr. Agnew narrated the history of a case of Congenital Elongation of the Cervix Uteri in a girl of seventeen years old, which had been supposed to be a fibrous outgrowth, but on examination the uterus was not displaced; and when the cervix, which was flexed behind the symphysis pubis, was drawn down, it was found to protrude between the labia; it was fully three inches long, very dense, and perfectly uniform in shape — the orifice of the os uteri being at the centre of the extremity. As but trifling symptoms were present, Dr. A. did not recommend any operative procedures.

"Dr. Albert H. Smith exhibited to the Society a new form of Vaginal Speculum, which had been made at his suggestion by Mr. Kolbè, and which, after considerable use in private and public practice, had fully realized his expectations in giving increased facilities both for diag-

nosis and treatment over any other speculum that he had used.

"It is in form a bivalve, having a double movement, giving a parallel separation of the blades, and also the ordinary angular separation. This double movement was suggested first by Mr. Robert Ellis, of London, and adapted by him to his 'new expanding' speculum, described in the Transactions of the Obstetrical Society of London for 1867; but his instrument, so far as appears, has not been brought much into use. Mr. Kolbè recently has made a very neat and simple modification of Ellis', giving a very useful instrument, as compared with any valve speculum previously in use.

"Dr. Smith's speculum, adopting this principle of a double movement, is so constructed as to act as a double vaginal retractor, having the blades separate throughout their entire length upon one side, and connected by a square bar upon the opposite side, along which the blades slide with an independent motion. This movement is effected by means of a right and left screw placed in front of the bar, and passing through the lower end of the pivot slides which move upon the bar, and to which are fastened the blades. This right and left screw is operated by means of a flat head at one extremity, the turning of which causes both blades to recede uniformly from the centre of the bar, making a parallel separation without any change in the angle of the blades toward each other. The angular movement is effected by the handles of the blades working upon the pivot-joints by which the blades are connected with the bar; and as each blade moves independently of the other, each requires its separate adjustment for retaining it in position; this adjustment being a screw and nut attached at one end to the blade, and the other passing through an eye upon the slide.

"By means of this mechanism the vaginal walls can be put upon a stretch uniformly, precisely as with two blades of Sims' duck-bill, applied upon opposite sides of the vagina, with the advantage of being self-retaining."

(*To be continued.*)

EDITORIAL NOTES.

We had supposed that certain by-gones here at home were to be such in reality, and that the State Society was no more to be disturbed by those whose yoke it had, by repeated and unmistakable votes, thrown off.

It seems, however, that one more campaign is needed, and this time (D.V.) it will not be our fault if we do not obtain permanent peace.

We have before us at the present moment a paper entitled "District Societies, their Purpose, Power and Limitations,"* written by one of the so-called Councillors of the State Society, Dr. Cotting, of Boston Highlands, whom every one had imagined to have been rendered so dizzy by his late "backward somersault,"† at the order of the American Medical Association, as to hold his peace at least for the present year.

The paper to which we refer is a labored defence of the powers of the Councillors of the society as against the rights of the District Societies, and the paramount authority of the National Association. It displays throughout that peculiar "forgetfulness," as we have termed a local malady, apparently confined to a limited district hereabouts, and it requires the same remedy that has been found so efficacious in former instances of the disease.

* Boston Medical and Surgical Journal, January 25, 1872, p. 49.

† See this Journal, November, 1871, p. 308.

The Fellows of the Society will recollect that the American Medical Association, having satisfied itself that its code of ethics was systematically violated in Massachusetts in two respects, viz., as regarded an unwarrantable discrimination between applicants for admission to the State Society, and the retention in fellowship of irregular practitioners, insisted upon a correction of these abuses;* whereupon it was done most speedily,† the Councillors loudly but vainly "protesting."‡ It will also be recollected to what ungentlemanly and cowardly tricks these persons then resorted § in their futile endeavor to conceal their discomfiture.

It will also be recollected that previous to the meeting of the American Medical Association, in 1871, the Councillors issued orders to the officers of the several District Societies forbidding them to appoint delegates to the Association, ‖ and that, despite this attempt at muzzling, several of the District Societies did appoint delegates notwithstanding.

The action of the American Medical Association upon receiving the bombastic ¶ protest of the Councillors will not, moreover, have been forgotten. It voted in general session that — a paper having been presented to the Association "purporting to be a protest of the 'Councillors of the Massachusetts Medical Society' against

* Transactions of the American Medical Association, 1870, Vol. xxi., p. 29.

† Medical Communications of the Massachusetts Medical Society, 1870, pp. 158, 159.

‡ Medical Communications of the Massachusetts Medical Society, 1871, p. 203; see also this Journal, July, 1871, p. 50.

§ Medical Communications, etc., 1871, p. 195; see also this Journal, Nov., 1870, p. 322.

‖ See this Journal, April, 1871, p. 249.

¶ Gentlemen at home may imagine the derision that language like the following excited at San Francisco: "The Massachusetts Medical Society (i. e., the Councillors) would repeat that it does not appear as a suppliant, and it asks no favors. It will continue to labor, as it has done for nearly a century, to promote, as far as it is able (by improperly discriminating between applicants for admission and by retaining irregular practitioners in fellowship?) the interests of medical education and medical science. Whether the work shall henceforth be done in connection with the American Medical Association, or independently of it, remains with your honorable body to decide."—Protest, etc., Medical Communications of Massachusetts Medical Society, 1871, p. 209.

the action of this Association at its last annual session,— inasmuch as there is nothing in the paper, or accompanying it, showing that it had been either submitted to, or approved by, the Massachusetts Medical Society, and inasmuch as this Association has no knowledge of any organization called the 'Councillors' of that Society," it was unnecessary to take "any action concerning such protest." *

Such a public and severe rebuke as this, while it gave great satisfaction to the Fellows of the State Society, who, as such, have never placed themselves in antagonism to the National Association, or shown the slightest inclination to do so, was not to be borne it seems by Messieurs the Councillors. Immediately after the action of the Association was made known, affirming as it did that the code of ethics *must* be obeyed, there followed that pitiable wail from within the Faculty of the Harvard Medical School, to which we have already alluded,† — a spiteful fling at the Association from the committee which had prepared that most inefficacious protest, — and now, last and least, the paper by Dr. Cotting.

Each of the documents referred to manifests that morbid "forgetfulness" of which we have spoken, and which is now looked upon elsewhere as pre-eminently *the Boston disease*, though plain folks sometimes call it by a tougher name. We shall, therefore, discuss the three cases in turn.

A word will suffice for the Protest Committee. Their "representation," as they now prefer to call it, was presented to the National Association at San Francisco, in open session, on 2d May, 1871, and was immediately referred to the Committee upon Ethics. It was reported

* Transactions of the American Medical Association, 1871, Vol. xxii., p. 30.

† See this Journal, December, 1871, p. 372.

back to the Association by that committee the next day, in open session, and without a single dissenting voice it was at once laid upon the table. This fact was duly stated in the newspapers that evening and the next morning, and was copied with the rest of the report of the proceedings into the medical journals and newspapers all over the country, and, in view of the interest that the matter had excited, and various prophecies that had been made, it was *the* subject of conversation among medical men here at home for several weeks before the annual meeting of the State Society. It exerted, indeed, so great an influence in bringing the Councillors to reason that, upon June 6th, 1871, the day before the annual meeting, they passed a resolution, prepared by this same Dr. Cotting of whom we have been speaking, re-affirming that portion of the national code which makes it penal for physicians in good standing to consult with irregular practitioners,* although, as is well-known, several of the Councillors from this city have long been violating this very rule. Yet, in the face of all these facts, the chairman of the "representation" committee, in submitting his final report upon the occasion alluded to, had the "forgetfulness" to use the following language: —

"In the newspaper report of the proceedings of the Association may be found the following passage: 'Several protests from Connecticut, Massachusetts, and New York, were referred to the Committee on Ethics.'

"Whether the document aforesaid is included among 'protests from Massachusetts;'† if so, what report the Committee on Ethics made, or whether it reported at all, — concerning each and all of these matters your committee are profoundly ignorant."‡

* Medical Communications of the Massachusetts Medical Society, 1871, p. 201.

† That of the Councillors was the only one from Massachusetts.

‡ Medical Communications of the Massachusetts Medical Society, 1871, p. 203.

This was in June. His report was not published for several months, not till October or November. All doubts as to the fate of the protest had long previously been set at rest, and yet the gentleman continued "profoundly ignorant." In that ignorance, as the brothers Grimm used to say, he undoubtedly still remains.

But let us return to Dr. Cotting. The District Societies, certain of them, voted to send delegates to San Francisco last year, despite the peremptory orders of the Councillors not to do so, and, as if to convey a more marked intimation to those persons that their power was ended, one of the District Societies appointed its delegates to the meeting of the National Association for 1872, several months earlier than the usual period for such an election. The Norfolk District Society determined to follow this suit, and it was upon the motion of one of its members to proceed to the choice of delegates, that Dr. Cotting, on behalf of his fellow-Councillors, delivered the carefully prepared special plea upon which we are now commenting.

The vote proposed was a deliberate blow aimed at the Councillors, an earnest of what they are to receive all over the State before we are through with them; and this was the feeble parry that they attempted to make: —

"As the power," said Dr. Cotting, "to appoint, in case of omission, by any District Society is already in the President and Secretary of such District Society, the vote proposed here and now is unnecessary, and to pass it is only to cumber the records with useless matter."* The vote, however, was passed, much to Dr. C.'s confusion.

This is the summing up of the whole matter. Dr. Cotting's admission in the above sentence of all that his opponents have claimed, completely invalidates the

* Boston Medical and Surgical Journal, January 25, 1872, p. 50.

whole of his flimsy argument that the District Societies have no rights of their own. Their right to select, appoint, and send delegates to the American Medical Association, of their own free will, and without permission or challenge by the Councillors, or by any other person or persons whatever, is assured to them by the plan of organization of the National Association, and, despite all that Dr. Cotting, or the "Committee of Publication," consisting of Drs. Cotting, Shattuck, and Parks, may have to say about it,* by the Acts of the Commonwealth, now in force, relating to the Massachusetts Medical Society.

The third of the flings at the American Medical Association in which Eastern Massachusetts has recently indulged, remains to be considered. That it occurred is not perhaps to be wondered at in the light of the enforced changes that have been made at the Medical School of the University, and the as great a revolution that is even now progressing within the Massachusetts Medical Society; but the temper, the rebellious tone, the intense bitterness of its language are all the more noteworthy as coming from one whom we have been accustomed to consider a perfect master of self-control, and of that most difficult of all arts to acquire, — the never seeming conscious of defeat.

"However desirable in theory," — it is Prof. Henry J. Bigelow who is speaking, — "a central guiding power in medical education, in this republican country we have neither got nor can we have one. There exists, no doubt, an eagerness to assume and exercise such power. The American Medical Association, for example, passed, only a year ago, the following vote: —

* For the most complete summary of the usurpations of the Councillors that has yet appeared, see Dr. Cotting's statement to his colleagues last year. — (Medical Communications of the Massachusetts Medical Society, 1871, p. 210.) We could not ourselves have placed these gentlemen in so ridiculous a light as they have done themselves.

"'*Resolved*, That the American Medical Association has the power to control the subject of Medical Education in the United States, and the power to exercise that control in any manner upon which it may be agreed.'*

"I have even heard it alleged, that, if a body sends delegates to the American Medical Association, who subscribe to its code of ethics, the delegating body is considered bound by that code.† This groundless assumption is the only claim which the American Medical Association, so-called, possesses to authority over the medical societies or the medical schools.

"The Massachusetts Medical Society is a corporation with no power except that which it derives from its charter, and under this charter it must act as other corporations do, by the votes of its members at legal meetings, and of its officers within the scope of their authority. It cannot delegate to another corporation, or to a voluntary association, the power to make its by-laws, or to prescribe rules for its action. If its members choose to obey the rules of any other association or corporation, it is their individual act, and not the act of the Massachusetts Medical Society; and no such action on their part can bind it, until it is ratified by the Society. The same remarks are especially true of the medical schools.

"The American Medical Association is a body of

* Trans. Am. Med. Assoc., 1870, Vol. xxi., p. 35.

† The following has always been a standing rule of the Association: "No State or Local Medical Society, or other organized institution, shall be entitled to representation in this Association that has not adopted its code of ethics." — (Transactions etc., 1871, Vol. xxi., p. 361.) Every delegate that ever attended a meeting of the Association has signed its constitution, not as a private individual, but in behalf of the institution by which he was sent. Dr. Bigelow himself, years ago, by his own signature "bound" the Massachusetts Medical Society, and the Medical College also, to obey the National code. Having forgotten one of the above facts, it is very natural that he should forget the other also. — Eds.

medical gentlemen, practically volunteer delegates, having primarily in view the agreeable and commendable object of a journey to break the monotony of medical practice, and give them an apology for leaving their homes and their patients at a pleasant season of the year. They assemble to revive old friendships, to form new acquaintances, to make excursions, and to settle down into relations of good fellowship, after a healthy difference of opinion over current medical topics and parliamentary forms. There are among them members who take an active and intelligent interest in the cause of medical science, its progress, and its teaching; but they can exercise little influence except in suggesting what may seem to them desirable.

"We must not be startled, if so extemporaneous an assemblage, while united in the semblance of parliamentary organization, and before they have settled down into that harmonious and neighborly cordiality which is their ultimate object, should pronounce immature opinions, claim for themselves authority, and hastily denounce friends, or even issue bulls of excommunication of as portentous form and as little significance as the tail of a comet, which may overcast the whole country with its shadow, but which astronomers assure us may be carried in a man's hat. It is not surprising that they should virtually say to you, a State society, empowered by your Legislature merely to exact from each member a certain quantity and quality of knowledge, that, if you do not transcend your legal authority and inquire into any other knowledge he may possess, in a way not only unauthorized by the law of the State, but which its lawgivers would forbid,* then they, the

* Compare the above statement with a vote of the Councillors the day previous to the date of this address, at a meeting at which Dr. Bigelow was present, and at which, so far as appears from the published records, he raised no dissenting voice. Vide Med. Comm. of Mass. Med. Society, 1871, Proceedings, etc., p. 202.—Eds.

Association, will neither let you eat their dinners, join their harbor-excursions, nor participate in their discussions, — nor will they allow you to use the platform and the name of the Association to ventilate your private or political differences.

"This Society, the medical schools, and the medical community can well afford to attach little importance to such of the doings of the American Medical Association as seem skilfully designed, under the specious pretext of setting things right, to set men wrong. A body of so uncertain temper and impulsive action obviously has no authority to express even public medical opinion."*

We do not know which to admire most in the above extract, its refreshing plainness of speech or the adroitness with which the reference to the power, not merely asserted but at last so successfully exercised, of the American Medical Association to raise the standard of medical education, was found a place for in the address. It is, we find, the opinion of not a few that the address itself, upon "Medical Education in America," or, more properly, "Utility in Medical Education," as it seems first to have been termed,† was written for the very purpose of making this covert argument to the Massachusetts Medical Society in favor of revolt against the National code.

Our distant readers will learn with surprise that the gentleman of whom we are speaking is the same who, but a few years ago, was exalting in such glowing language the authority of the National Association, and promising to it his own unswerving devotion. They will recognize the extracts we now give from his speech upon the occasion to which we refer, and they will not fail to remark his present extraordinary change of base.

* Medical Education in America: the annual address before the Mass. Med. Society for 1871. Med. Comm., etc., 1871, p. 233.

† Ibid., Proceedings, etc., p. 217.

In 1865, as chairman of the Committee of Arrangements, Dr. Bigelow welcomed the Association to Boston, and he said: "It is for us to consider whether we cannot do something to render the American Medical Association a more efficient and a more productive institution. No one can doubt that the medical science of this country, now ostensibly represented in this body, is destined one day to occupy a very high place in the medical history of the world. The American mind, the practical ability of which no one has ever doubted, is devoting itself more and more to the study, by exact experimental observation, of abstract truth, each year augmenting the number of medical philosophers devoted to scientific research at the sacrifice of professional and personal interest. It requires no prophet to foretell that they will identify this association with illustrious labors whose magnitude and importance will henceforth keep pace with the invigorated growth of the republic. It is our duty to lay here, in solid labor, the foundations of an association which, for a century to come, shall gather to a focus and radiate the light emanating from the best minds in our profession. Welcome, friends and brothers, assembled from distant regions of our common land; from the great commercial emporium through whose aortic thoroughfare pours the ceaseless tide of nations, or from the city whose traditional brotherly love echoes so freshly from the lips of all our wounded soldiers; you, brothers of New England, born to the common heritage of toil and freedom; you, whose homes are by the great Western water-courses, whose blood sprang from the same fountain as our own, and has so often mingled with it again upon the battle-field; and you, few, we may fear, but thrice welcome, loyal and faithful brothers of the South, who have passed

through the long night of trial that you might hail to-day the glorious dawn of liberty! Welcome, fellow-citizens of the redeemed republic, whose wounds you have bound up in binding up those of her defenders! Welcome all who honor us by their presence on this auspicious morning, which beholds the sacred emblem of liberty restored to its rightful places, tattered with bullets, stained with blood, fringed with the sable sign of mourning, but spread over every stronghold from which treason had struck it down, and soon to rekindle all its ancient glories!" *

In view of the above bit of history, we say, as once before,† that now that peace has been restored throughout the land, it comes with a very ill grace from Massachusetts to preach secession from the Union.

In the face of the facts that we have narrated, what is to be the cure? A very simple and efficient one.

The limits of the conspiracy that exists in Massachusetts to break down and defy the authority of the American Medical Association are strictly defined, and its members well-known. Simply to brand these gentlemen with infamy is not sufficient. Their power to do evil in the future must now be taken from them, once and for all.

But is the profession in this State ready to apply so sweeping and so efficacious a remedy? Has it at last the courage thus to assert its rights? We reply that we believe that it has the courage, and is ready to do so. Of this there are many and wide-spread proofs.

* Transactions of the Am. Med. Association, 1865, Vol. xvi., p. 10.

† See this Journal, November, 1870, p. 327.

The President of the State Society, Dr. Fisk, of Northampton, admitted the fact in his address at the annual dinner last year. After dwelling upon the varied evidence that the society was stirred to its very depths and determined for reform, he pointed out the alacrity with which the Councillors had eaten their own words of the year before, in the vain hope of escaping the coming storm.

"Let me be understood," he said, "when I speak of harmony. By it I do not mean that unity which results from following blindly a file-leader, nor that resulting from quietly acquiescing in some theory,—nor do I mean a harmony which results from indifference and inaction; that is the harmony of death. There is harmony, Mr. Chairman, in the graveyard, but there is neither prosperity nor progress there. It is necessary, if we would produce fire and light and warmth, that the flint and the steel should come together. And if they do come together for the purpose of producing light and heat, no matter how vigorous the action, the result will be beneficial. . . . The unanimity with which a series of resolutions was passed by the Councillors last evening, —looking to the purification of this Society from every taint of quackery, from whatever source it may come,— and the enthusiasm with which those resolutions were concurred in by the Fellows to-day, make me not only hope, but believe, that the harmony which for so long a time distinguished this Society will return."*

His townsman, Dr. Oscar DeWolf, one of the Councillors themselves, had expressed an opinion the day before even more to the point. "If," said this gentleman, "the execution of the proposed resolutions be not easy and practicable, then is our organization faulty; and if the

* Boston Medical and Surgical Journal, June 22, 1871, p. 416.

authority cannot be had to protect the Society from such wrong, then it had best be broken up and a new organization formed."*

This, be it recollected, was in general session of the State Society, and it was as a direct result of Dr. DeWolf's plain-speaking that "the resolutions were enthusiastically adopted," to quote the words of the official record.†

We have shown that the District Societies, in repeated instances, have by vote declared their right, and their intention hereafter, to attend to their own affairs, independently of any interference or control by the Councillors. This is not, however, the full extent of the disaffection.

All over the State there have sprung up within the past two years organizations of medical men, nominally for scientific purposes, but in reality for preparing for just such a reconstruction of the State Society as Dr. DeWolf suggested, and as we believe is now to take place. In some instances, as at East Boston, there have been admitted to the new societies physicians who are not only not Fellows of the State Society, but do not intend to become such until it has been freed from its present abuses.

Those who are generally looked to to act as leaders in the coming struggle, which will be found a very brief and decisive one, have been carefully examining into all the legal features of what it is proposed to do, and they find their course to be perfectly clear.

What is needed is to *abolish the Board of Councillors.* All the authority that these persons have ever had, or have claimed to have, could only come from the Fellows of the Society at large. The Fellows in general session

* Boston Medical and Surgical Journal, June 15, 1871, p. 400.
† Ibid.

have, by their charter, the same right to take back to themselves, that they had to confer, this delegated trust.

A simple and efficient form of constitution and by-laws, covering every point that is required, has already been prepared and published to the profession,* and it is probably before this in the hands of most of the Fellows of the Massachusetts Society. There is good reason to believe that, by vote of the National Association at its next meeting, it will be recommended for adoption to all the State Societies in the country.

This old knot, like others that pettifoggers spent so many years in tying, it will take but a very few moments to loose. Wholly out of the province of lawyers, it will yield as by magic to the irresistible force of the national public opinion.

The following additions to the By-laws of the Society were adopted on January 16, 1872, at the sixty-ninth regular meeting, after having laid over for two successive meetings, as required by the Constitution: —

1. "All appointments to Honorary or Corresponding Membership that are not acknowledged within six months after notification, in the case of American candidates, and within one year if foreigners, shall be annulled."

2. "If any Active Member shall be delinquent in his dues for the term of one year, unless absent from the country, his name shall be dropped from the roll of the Society."

3. "The same penalty shall accrue to any Active

* The Physician's Annual for 1872. Philadelphia: S. W. Butler, publisher, p. 42.

Member who shall absent himself from the regular meetings for one year successively, unless for ill-health or other good excuse."

As will be seen by the notice which we present elsewhere, the session of the American Medical Association for the present year will be held at Philadelphia, in May next, commencing upon the seventh of the month. There is reason to believe that the meeting will be the most influential yet held, and we trust that the largest proportionate attendance from any State will be from Massachusetts. No physician can thus put himself in direct personal contact with his brethren from distant parts of the country, without a consciousness of the utter provinciality of his dearest local views and surroundings, as compared with what is for the advantage and best interests of all. He would come from the annual meeting of the National Association to that of his own State Society, with the determination to sweep away everything, however it might have seemed legitimatized by time, that was at variance with justice, sound sense, and a reasonable progress.

Dr. L. F. Warner, of Boston, an old member of the Association, and one of the active members of the Gynæcological Society, has been appointed by the Permanent Secretary the local committee for this section, to obtain reduced rates of fare, etc., for the delegates. Notice will be given in the next number of this Journal of such arrangements as it may have been found possible to make.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. VI.] APRIL, 1872. [No. 4.

PROCEEDINGS OF THE SOCIETY.

SIXTY-FOURTH REGULAR MEETING, NOVEMBER 7, 1871.

The sixty-fourth regular meeting of the Society was held on November 7, 1871, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Hazelton, Weston, Dow, Blake, Perkins, Bixby, and H. R. Storer; and Dr. F. G. Jordan, of St. John, N. B., Corresponding Member.

The records of the last meeting were read and accepted.

The Secretary announced the following donations to the Library: From Prof. R. P. Howard, of Montreal, copies of English editions of Boivin's Diseases of the Uterus, Blundell's Diseases of Women, and Churchill's Diseases of Pregnancy; from Dr. Thomas Skinner, of Liverpool, his monograph upon Uterine Fibroid Tumors and Polypi; from Dr. Reuben A. Vance, of New York, his papers upon Clinical Examination of Urine, and the Prevention of Abscesses in Hypodermic Medication; from Dr. Samuel C. Busey, of Washington, D. C., one by himself upon the Artificial Induction of Labor in

Entered according to act of Congress, in the year 1872, by HORATIO R. STORER, M.D., in the Office of the Librarian of Congress at Washington.

Uræmia; from Dr. B. F. Dawson, of New York, his description of a New Ovariotomy Clamp; and from Dr. Thomas M. Logan, of Sacramento, his Presidential Address to the State Medical Society of California.

Dr. Storer exhibited a specimen illustrative of

THE EXISTENCE OF UTERINE DISEASE WITHOUT LOCAL SYMPTOMS.

It was a cervical polypus, the size of a Spanish chestnut, that had been attached within the cervical canal, so as largely to distend the os uteri. From the irritation occasioned by its presence, extensive ulceration of the cervix had been occasioned, while the uterus itself was hypertrophied, indurated, and mechanically displaced downwards, and yet the patient, an English lady of intelligence, professed entire unconsciousness of any abnormal local condition. She was at the climacteric, and there had been no history of any pelvic disturbance. For two or three years she had been becoming deaf, and for this had consulted two prominent physicians of this city, one of whom asserted that perforation of one of the tympana had occurred. Failing to detect this, Dr. S. had suggested the possibility of the deafness being occasioned, in whole or in part, by reflex irritation, and, upon examination, had discovered and removed the polypus now exhibited. He had also recommended the patient to consult Dr. Clarence J. Blake, a skilful otologist of this city, from whom he subsequently received the following note:

"The trouble in the right ear is a chronic otitis med. catarrhalis, with suspension of perceptive power of n. aud., due to intra-auricular pressure, I am inclined to think, rather than to any central lesion.

"The loss of hearing in the left ear, which was very marked, was due simply to a temporary closure of the

faucial end of the Eustachian tube, and was immediately, but temporarily, relieved by a vigorous inflation of the middle ear. I ordered a Tannin gargle, and advised the patient to return for the use of the air douche, and, subject to your advice, should deem it an object to employ the galvanic current (from 4 to 8 el. Stöhrer) for the right ear. The reaction of the n. aud. under the current would throw some light upon the possible influence of uterine trouble in causing the deafness in the right ear."

It would be perceived from the above, that there had not occurred loss of the drum of either ear, as had been previously diagnosticated.

Dr. Bixby detailed a case of reflex deafness, dependent upon suppression of the catamenia, that he had seen with Dr. Martin.

Dr. Storer exhibited a large multilocular ovarian cyst, and reported the two following cases upon which he had operated since the last meeting, illustrating, as they each did,

NEW PROCEDURES IN OVARIOTOMY.

The first case was that of a lady at Shirley, Mass., placed in his hands by her attending physician, Dr. McCollester, of Ayer. She was 51 years of age, and had had at different times within the past year or two, four well marked attacks of peritonitis. Within the past half year her health had decidedly failed. The operation was performed by Dr. Storer, on the 23d of October, in the presence of Dr. McCollester, Hartwell and Parsons of Ayer, Dow of Harvard, and Bixby of Boston. Upon exploratory section, it was found that the peritoneum was so thickened by inflammatory deposits as to resemble stiff parchment, more than a membrane, and that the cyst wall was so extensively adherent, that a prolonged dissection to each side of the abdominal incision failed to disclose

any free space. The cyst, which contained many pounds of a blackish putrilage, was discovered to be "rotten" in its consistence, and very easily torn during the process of detachment. Under these circumstances, Dr. S. thought it best to desist from further efforts in this direction, and having secured the approval of those present, he proceeded to *excise by scissors the whole exterior wall of the cyst*, to a distance of some three inches on each side of the median line. A large tent, of soft linen table-cloth, in circumference nearly as large as the wrist, was then placed in the lower angle of the opening, and the remainder of the wound closed with silver sutures by Dr. Bixby. There was slight vomiting while the patient was under chloroform, but tendency to this seemed to have been checked by some fifteen grains of bromide of potassium, that Dr. S. had taken the precaution to administer just previous to the operation. Thus far, and contrary to what many might have prophesied, this patient was doing well.

The second case was that of a lady from San Francisco, the tumor having been thought by an experienced gynæcologist who had previously seen her, to be probably one of uterine fibroid. It was the opinion, however, of Dr. Storer, as well as of Dr. Warner, who saw the patient in consultation with him, that the case was ovarian. Upon section, Dr. Wheeler of Chelsea, Weston of East Cambridge, and Jordan of St. John, N. B., being present, this was found to be the case, and the cyst now shown, weighing twenty-three pounds, was removed. *The clamp was removed upon the second day after the operation*, which Dr. Storer believed a very important improvement upon the usual practice of allowing it to remain until it fell off by slough of the pedicle. There had been neither secondary hemorrhage nor retraction of the pedicle into the abdominal cavity. It would be recollected that Dr. Wheeler had

called the attention of the Society, at a previous meeting,* to the possibility of untoward results, as vomiting, severe pain, and perhaps an excess of the inflammatory process being occasioned by the pressure of the clamp upon the pedicle, and the traction necessarily exerted by it upon the adjacent viscera. However this might be, Dr. Storer had never seen a patient progress so rapidly and with such perfect regularity of convalescence as in the present instance.

Dr. Storer read the following letter, concerning

OVARIOTOMY WITHOUT ANÆSTHESIA,

from Dr. Wm. H. Newman, of Louisville, Ky., President of the Obstetrical Society of that city : —

"I have come lately to doubt the propriety of administering chloroform, or indeed any other anæsthetic, to prevent pain in the operation of ovariotomy. I do not desire, unjustly, to detract from the credit due New England and Edinburgh; but may it not be true that the limit to the benefits arising from the discovery of anæsthesia and chloroform, will stay its employment in cases of ovariotomy. That there is less danger attending the employment of chloroform in obstetrical than in surgical practice, is a fact that is generally conceded. The Gynæcological Society is already committed to this fact; and if this is admitted, may we not advance a step and enquire whether the greatest amount of danger is not to be apprehended from its use in the operation of ovariotomy.

"I am not just now able to refer to the meetings, but I well remember that the Obstetrical Society of London, and afterwards the Gynæcological Society of Boston, had under consideration the subject of the use of chloroform in ovariotomy. My impression is that the London Society were engaged in discussing the best means of pre-

* See this Journal, May, 1870, p. 278.

venting the nausea and vomiting caused by chloroform, and that the Boston Society had under consideration the best means of relieving or curing this sickness. I remember the suggestion of Dr. Bixby, I think it was, to fan the patient.

"I do not know if any one has had the boldness, since the introduction of anæsthesia, to perform ovariotomy without rendering or attempting to render the patient insensible; but I am now disposed to ask why the patient should be subjected to this nausea and vomiting, caused by chloroform, and I should especially be glad to hear from you on this subject at your earliest convenience, as I propose in a few days, to operate for the removal of a dropsical ovary *without* an anæsthetic.

"The operation cannot be a very painful one. It is a horrible one to look upon, but the patient need not see it.

"If there is much pain it must be in the first incision—the incision through the skin of the abdomen—and this may be prevented by a local anæsthetic.

"You are no doubt familiar with the history of the cases operated on by Dr. Ephraim McDowell, the "father" of ovariotomy, and you were no doubt surprised to learn that his first nine or ten cases, all operated on without an anæsthetic, were all but one or two successful, and that of the fatal cases, the only one reported died, not of shock, but of peritonitis. It is so stated by Dr. S. D. Gross, in his carefully prepared Report to the Kentucky State Medical Society, in 1852. It is true, as it appears from this Report, that only five of the cases, viz., the first five, were reported by Dr. McDowell himself, and that there may be some mistake about his remaining cases. But Dr. Gross, in the Report above referred to, expresses his entire belief in the statement made, and I think no one can read the Report of Dr. Gross, without believing that Dr. McDowell was as successful as is

claimed. Four of the first cases published by Dr. McDowell, to wit, the first four, were completely successful *without chloroform*, the other dying of peritonitis. This, even, is a success not now equalled by the best ovariotomists *with chloroform.*

"But there is another part connected with the history of these cases of Dr. McDowell's, which is important, and it is that his patients recovered in an astonishingly short space of time. Dr. McDowell says of his first case (a case in which the sac alone weighed seven pounds and the fluid fifteen pounds more,) 'In five days I visited her and much to my astonishment found her making her bed. I gave her particular caution for the future, and in twenty-five days she returned home in good health.' Of his third case it was said by Dr. Gross: 'The woman was well in two weeks, though the ligature did not come away under five weeks.' Think of a woman 'making up her bed' in five days after ovariotomy. I have seen patients sick and vomiting from chloroform for nearly as long a period. A large number of the patients that die at the present day, I think I may say the majority, die within the first thirty-six or forty-eight hours after the operation. Not one of Dr. McDowell's patients died within this period. None died of shock."

Dr. Storer stated that he had written to Dr. Newman that it was his own personal impression that, all things considered, it was better, in ovariotomy, to produce general rather than mere local anæsthesia, at least as a rule. The question of pain was a mere secondary consideration, compared with other points, and so also was that of rendering the operation an easier one for the surgeon by the condition of complete unconsciousness. Every ovariotomist, however, must be aware of the frequency of unlooked for complications, first disclosed at the time of making the exploratory section, which often caused great

anxiety to the operator, and, perhaps, rendered it necessary for him to hold a hurried consultation over the patient with his medical friends, to say nothing of the shock that would inevitably be occasioned to the patient's sensibility by listening to all this; even if a screen were so arranged that she could see nothing, Dr. S. considered that the mental strain would so far lessen the chances of her recovery. He had desired, however, himself to test the value of Dr. Newman's suggestion, with reference to lessening the liability to nausea after the operation, which, as was now well known, was not nearly so great with chloroform as with ether, and he had urged the employment of local anæsthesia in the Shirley case that he had just reported to the Society. Dr. McCollester, however, was strongly disinclined to subject the patient to what he considered the increased risk, and she herself flatly refused to permit it. Some fifteen grains of bromide, as he had mentioned, were administered previous to the chloroform, and the nausea and vomiting were but slight; and such was the fact in the second case reported by Dr. Storer, where the bromide was also given. Had these operations been performed under local anæsthesia, the immunity from vomiting would, of course, have been attributed, however improperly, to the change from the usual procedure.

Dr. Warner considered the present discussion of great practical importance with reference to

THE CAUSATION OF DEATH AFTER OVARIOTOMY.

He had been present at a great many of Dr. Storer's abdominal sections, and though the percentage of deaths had been but small, they had both of them given a great deal of thought to the question how to render it still less. He had scarcely seen a fatal case within these four years from peritonitis or septicæmia, and not one from primary

or secondary hemorrhage. Where an unfavorable result had taken place, it was almost always within forty-eight hours after the operation, and, he might say, had invariably been preceded by violent vomiting. These cases, however, it would be recollected, were but rare in proportion to the whole number operated upon. It had been his impression, with Dr. Storer, that the vomiting was not so much owing to the chloroform as to the sudden removal of the great pressure that had been exerted by the cysts upon the stomach and other viscera, and, of late, attempts had been made to compensate for this, and he thought with advantage, by the plaster strap-jacket suggested by Prof. White, of Buffalo. If one could be sure that vomiting was wholly dependent upon the use of an anæsthetic, it would be right to perform the operation without it, but it had been found that in the other ordinary capital operations, vomiting was an element of not so very much importance.

Dr. Blake considered vomiting a feature of a good deal of importance in ovariotomy, to be avoided if possible. Possibly large doses of chloral might be substituted for general anæsthesia. There could be no doubt that when sulphuric ether was employed for any operation, vomiting was of very general occurrence.

Dr. Warner remarked that there could be no question of this. He believed that it could hardly be safe to employ the large doses of chloral that had been suggested. He would ask Dr. Blake if he was not right in stating that vomiting was not considered of much importance, after even seven operations in ordinary surgical practice.

Dr. Blake replied that Dr. Warner's remark was a just one.

Dr. Bixby had had large experience of anæsthesia in gunshot wounds, and had seldom had vomiting. This, he supposed, was because he had employed chloroform.

Dr. Warner said, with reference to the influence in causing vomiting, exerted by the removal of presure, to which he had referred, that this effect had seemed very proportionate to the size of the tumor removed. The case from which came the specimen exhibited by Dr. Storer at the present meeting, had been without vomiting, but the tumor (23 lbs.) was a mere trifle, in comparison with many others (108 lbs., 70 lbs., 56 lbs., etc.,) that members had seen that gentleman remove. The larger the tumor, the worse the effect from pressure, and the more likely vomiting was to follow. This had a great deal to do with the question, whether vomiting was in consequence of the induction of anæsthesia.

Dr. Blake believed that there must necessarily be a certain amount of shock at any rate, and consequently some predisposition to vomiting. If the anæsthetic had anything to do with the increase of this, it would be well to avoid it.

Dr. Warner suggested to Dr. Blake, in this connection, that by his own showing he should employ chloroform, as it was less nauseating than ether.

Dr. Blake replied that he would never give chloroform in any event whatever. Gentlemen in this city had pronounced it an improper agent, and this being the case, he did not think he would employ it even to save the life of a patient.

Dr. Storer asked if Dr. Blake's antipathy to chloroform was from any personal experience of its use.

Dr. Blake replied, not at all, for he had never employed it in a single case.

Dr. Weston inquired, if the sudden removal of pressure during ovariotomy had such an effect in causing vomiting, why a similar result did not follow the removal of a large quantity of ascitic fluid by paracentesis.

Dr. Storer thought this might be owing to the differ-

ence of conditions obtaining. Less equable pressure, and more decided, upon certain points, was exerted by ovarian cysts, and its removal was much more sudden.

Dr. Hazelton asked if any relation had been noticed between the length of time during which anæsthesia was kept up, and the amount of vomiting. He had seen a case in New York where the chloroform was continued for three hours.

Dr. Storer, in cases where he had thought prolonged exposure of the peritoneum to the atmosphere advisable, in hemorrhagic cases, had kept up anæsthesia for six hours, and even longer, with recovery of the patients.

Dr. Jordan reminded gentlemen that even the severest vomiting was not necessarily attended by a fatal result. Several years since, he had had the opportunity of being present at a number of Dr. Storer's ovarian sections, and of following the after-treatment. He recalled one case, at Chelsea, the patient having come from his own city, St. John, N. B., in which there were cysts of both ovaries, with extensive adhesions.* They were both removed, but with extreme difficulty, for one of them was impacted in the pelvis, below the promontory of the sacrum. There was incessant vomiting for several days, but the patient recovered, and he had lately seen her at St. John, in perfect health.

Dr. Warner recollected another of Dr. Storer's cases, where recovery had followed excessive and prolonged vomiting.

Dr. Bixby recalled a third, from Maine, operated upon at St. Francis' Hospital,† where extreme vomiting had not interfered with convalescence.

Dr. Storer remarked that as gentlemen had now expressed their opinions upon the question of local, as against general anæsthesia in ovariotomy, he would pro-

* Canada Medical Journal, January, 1868, p. 337.

† See this Journal, July, 1870, p. 2.

ceed to read the following telegram, which he had received just previous to the meeting:

"Louisville, Ky., Nov. 7, 1871.

"Have to-day performed ovariotomy without anæsthesia, most satisfactorily to all.

"W. H. Newman."

Dr. Storer presented, on behalf of Prof. E. R. Peaslee, of New York, a printed circular, concerning

THE HISTORY OF OVARIOTOMY IN THIS COUNTRY.

There were in it put no less than thirty-six questions, though some of the most important points of the operation were not referred to, and they were preceded by the following request:

"Wishing to do full justice to American Surgery in my work, now very soon to be published, on Ovarian Tumors and Ovariotomy, I beg you to reply at your earliest convenience to the following inquiries. Any further remarks or suggestions will be thankfully received."

Dr. Storer stated, that though addressed to himself personally, the circular was of great interest to every member of the Society; and, besides, he had been so engrossed since his return from California, that it had been impossible for him to reply seriatim to the several questions, or indeed at all, and he would therefore gladly embrace the opportunity now afforded, of combining with his own, the views and experience of his associates. It would be best to consider the several queries of Dr. Peaslee, one by one, in the order in which they were propounded.

Questions first, second, and third:

"*How many completed ovariotomies have you performed?*

"*How many successful cases? And how many unsuccessful?*"

With reference to his own statistics, Dr. Storer stated that he had long ago come to the conclusion that the numerical method applied to the solution of problems in surgery, was, for most intents and purposes, unreliable. He had therefore ceased, several years since, partly, he would acknowledge, from utter lack of time to do it properly, to record his cases. He knew that it would undoubtedly be objected that as regarded ovariotomy, tabulation had proved of service in establishing a comparison between the intra- and extra-peritoneal methods of treating the pedicle; but, on the other hand, he was not at all sure but that much of the progressive excellence apparently resulting from certain series of statistics, as those of Spencer Wells, Keith and others, were not the legitimate consequence of a greater reliance upon general surgical principles, as concerned prophylaxis, the after-treatment, etc., etc., upon the part of operators, and the result, not so much of statistics, as of discussions upon the general merits of the several points involved,—of which discussions, the transactions of Societies like the present had placed so many within reach of the outside profession. The tabulation of ovarian statistics from private practice, was like that of cases of midwifery, faithfully recorded by youthful practitioners, but seldom, at least with any thoroughness, by those of large experience, later in life. Too often it had looked as though ovarian tables from private practice had been collected and published solely for the purpose of inviting additional cases, rather than for any practical scientific interest to other

operators. As for his own cases, Dr. S. had but little idea how often he had operated. There were gentlemen present who had assisted him in a great many ovariotomies, and who were probably better informed as to this point than himself. His aim had always been rather to study special points of difficulty and danger, and to lessen these risks, than to present a pretentious sum total of operations. He could say one thing, however, with much satisfaction,— that he had never, since entering practice, lost a surgical case, whatever the character of the operation, that he had not reported it, with as much exactness as possible, to one or another of the Societies with which he was connected. As to his faithfulness to the profession in this respect, during the years since the Gynæcological Society was established, the pages of its Journal would bear witness. He had always considered it a great loss to science that surgeons so often hesitated to acknowledge and publish their unsuccessful cases. As to the utter worthlessness of statistics collected, like those of ovariotomy, from operators of varying skill, judgment and reliability, it was a fact acknowledged by almost every ovariotomist who had no personal end to obtain by exalting his own performances, or decrying those of others. Dr. S. had, however, the greatest confidence in the fairness and scientific singleness of purpose of Prof. Peaslee, and should look for his forthcoming "History" with much interest.

Question fourth:

"Do you usually tap once before operating?"

Dr. Storer stated that he considered it of great importance wholly to avoid tapping, perfectly aware, as he was, that in this he differed from Spencer Wells, and other eminent authorities. When tapping was resorted

to prior to the radical operation, it was for one of two reasons: Either to settle the diagnosis, or in the false hope of accustoming, as it had been termed, by a comparatively slight operation the patient's system generally, and the peritoneal membrane particularly, to surgical interference, and thereby lessening the risks of the graver procedure.

As far as determining the diagnosis was concerned, Dr. S. considered an exploratory incision of little, if any, more hazard than paracentesis, while many accidents which had befallen expert operators of the present day, such as tapping uterine fibroids, fibrocysts, and cancerous masses, with sometimes uncontrollable hemorrhage, were thus avoided. Exploratory tapping, moreover, if performed shortly before the radical operation, destroyed one great aid to the operator, namely, the outward pressure of the cyst, which kept the abdominal wall tense during the preliminary incision, and rendered it comparatively easy to recognize the several layers of tissue as they were being severed; while, if the operation were delayed till the cyst had refilled, a great danger was added, to wit, the probability of peritoneal inflammation, with consequent adhesions, resulting from exudation of the cystic contents into the abdominal cavity through the opening made by the trocar. Were it proposed merely to determine the character of these contents, by the pneumatic aspirator, the risks would be lessened; but this procedure was evidently not what was intended by Dr. Peaslee, when speaking of "tapping before operating;" and, besides, in many cases of ovarian disease, so dense or flocculent is the contained fluid that the aspirator would be found perfectly useless. There were operators who advised tapping for the purpose of ascertaining whether there were present abdominal adhesions, but it was now well known that these did not

necessarily interfere with the success of an operation. So far as increasing the tolerance of the peritoneum for a subsequent section, Dr. S. believed that the less the peritoneum had been previously interfered with by this and other methods of excitation, the greater the chance of a patient surviving ovariotomy. He himself was accustomed, as was now well known, to expose the peritoneum to the external atmosphere for hours, when necessary, with the result of good recoveries, and he never "prepared it beforehand" by paracentesis. The average success of operations for strangulated hernia, provided the section were resorted to before gangrene had commenced, went to prove how great was the tolerance of that membrane when previously uninterfered with.

Dr. Warner considered Dr. Storer correct in these views. The still very prevalent fear of exposing the peritoneum was simply a bugbear. There was one point, however, of very great importance, to which he had not referred, and this was the fact that, if tapping was resorted to, and the radical operation not performed immediately thereafter, the cyst refilled with greater rapidity than at first it had done, and there was commensurate injury to the general health. In other words, by every tapping there was a more than progressive injury to the patient's general health, and a more than progressive lessening of her chance of recovery.

Dr. Blake considered there could be no doubt of this fact. He had never heard it stated so distinctly before, and thought it the very strongest argument against tapping that had ever been made. Not only was the liability to peritoneal inflammation and consequent adhesions increased, as Dr. Storer had stated, but a terrible drain upon the general system was exerted by the more rapid refilling of the cyst. He saw corroborative testimony of Dr. Warner's view in the fact that, in cases of hepatic

disease with ascitic effusion, as soon as the surgeon commences to tap, the patient's days may generally be considered as numbered.

Dr. Bixby had seen Spencer Wells tap an enormously distended abdomen previous to performing ovariotomy, but was unable to state any special reason therefor.

Question fifth :

" Have you found tapping an ovarian cyst a dangerous operation ?"

Dr. Storer, in answering the previous question, had already partially answered this. There were additional dangers attending tapping, besides those he had mentioned. There were cases, like the first of those he had reported at the present meeting, in which there was universal adhesion of the cyst wall to the peritoneum, where, if tapping were performed, no collapse of the cyst could occur, and extensive if not fatal inflammation would be almost sure to ensue. There was the additional risk, in such cases, of wounding displaced and adherent intestine. Dr. S. had therefore, for several years, as he had indicated in his " Golden Rules " for the treatment of ovarian disease,* presented to the Society at a previous meeting, and formally adopted by them, invariably refused to tap in cases where the presumption was of an ovarian cyst.

Question sixth :

" Do you operate by preference in full health ?"

Dr. Storer felt that, as regarded this question, much must depend upon the circumstances of each individual case. He was satisfied that it was poor policy to wait

* See this Journal, December, 1869, p. 338.

until the patient was neck-deep in her grave. Upon the other hand, the surgeon hesitated to subject patients to the risks of a severe operation, while the general health still remained unimpaired. His usual rule was to wait until the health began to break, but no longer. Too often, however, the patient was never seen until much precious time had been lost. He had but once, as yet, ventured to perform the operation while the tumor was still so small as to occasion no inconvenience. This patient recovered. Some of the members present would recollect the case, from the peculiar procedure that was found necessary, —" pocketing " the uterine wall in the abdominal wound.* It occurred here in Boston, in Friend St., the patient being the wife of a waiter at the Revere House. She first consulted Dr. S. for a slight leucorrhœa, and was herself almost unaware of the existence of the tumor, which occupied the whole cavity of the pelvis, being impacted below the promontory of the sacrum, and having displaced the uterus above the pelvic arch. Upon operating, which Dr. Storer considered imperatively indicated, although, as stated, the general health had not begun to suffer, the tumor was found universally adherent, and so fused with the uterine lateral wall as to necessitate the unique method that was successfully resorted to.

Dr. Bixby said that Marion Sims had advised waiting until the health had visibly declined.

Dr. Blake believed that many surgeons were of opinion that the healing of wounds took place more rapidly when the general health was poor, upon the ground of less liability to inflammatory action. This was certainly the view of the late Dr. J. Mason Warren, of this city.

Dr. Bixby added, that some thought, moreover, that there was less severity of shock under these circumstances.

* See this Journal, September, 1869, pp. 137, 154.

Dr. Hazelton remarked that Erichsen had stated the contrary with reference to effects on the mind, citing what obtains in military practice. It might, perhaps, be alleged that hard marching and poor living would have the same depressing effect as blood-letting. In civil, the results of secondary operations were better than in military practice, while with primary operations it was the reverse. During the heat of action, the soldier looked upon a severe wound with pride, and was more than likely to be sanguine as to its results.

Question seventh :
" *What special preparations for the operation ?* "

Dr. Warner said that the answer to this question was simple enough. The preparations should be just those that would suggest themselves to every good surgeon who was well stocked with common sense.

Question eighth :
" *Which of the anæsthetics do you use ?* "

Dr. Warner remarked that this inquiry had been answered over and over again at previous meetings of the Society. It had been shown that the risk of excessive nausea and vomiting was so much greater with sulphuric ether than with chloroform, in surgical cases, that he had not supposed there was a member of the Society who now employed the former. Dr. Blake had stated that he still did so. He doubted, however, if there was another instance.

Question ninth:
" *Do you insist on as short an incision as possible?*"

Dr. Storer considered there was a very great difference between " possibility " and " advisability." All things

being equal, an incision of moderate length was preferable to a very extensive one. With his experience as to the immunity with which the peritoneum could be exposed to the atmosphere, he considered some of the feats that were attempted were alike foolish and hazardous. Just as it was of no especial advantage to see in how few seconds an amputation of the thigh could be performed, provided of course that there were no unnecessary hemorrhage, so it was of as little importance to bring a large cyst through an inch or so of incision, almost certain as an emptying of it sufficient to permit this would be to be attended by some effusion of the fluid into the peritoneal cavity.

Questions tenth, eleventh, twelfth and thirteenth:

"*What form of adhesions would deter you from finishing the operation?*

"*How often have you ascribed to them a fatal termination?*

"*And to which form?*

"*Are omental adhesions very important in your experience?*"

Dr. Warner considered that abdominal adhesions to the peritoneal membrane, even though firm and quite extensive, if it were possible to break or tear them away, were of very little moment compared with those within the pelvis. When considerable hemorrhage attended their separation, it was usually controlled without difficulty. He thought that adhesions to the large or small intestines, to the stomach, uterus or liver, of which latter complication he had seen a very marked instance with Dr. Storer, were much more serious then peritoneal or even omental adhesions. In the last class of cases, the omental, there was a predisposition, no doubt, to secondary hemorrhage; but this might be prevented by the careful employment of ligatures,—by the removal of the whole omentum, which

had more than once been successfully accomplished,— or what was perhaps better, by including the bleeding omental surface within the clamp beside the pedicle, as had been practised by Dr. Storer.

The President, Dr. Lewis, referred to a late unsuccessful case he had seen at the City Hospital, where it had been found necessary to remove a portion of the omentum.

Dr. Blake said that the case had occurred in the service of his colleague, Dr. Fifield. The operation had bid fair to be successful, but the patient had been lost on the sixth day, from pneumonia.

Dr. Storer regretted to learn that such a disappointment had occurred when success seemed so near. He should be delighted when the tide of ill-luck, which had attended upon every case of ovariotomy, thus far operated upon at the Massachusetts General and City Hospitals, should at last be turned.

Questions fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, nineteenth, twentieth and twenty-first :

" *How do you treat the pedicle by preference ?*

" *What other method, if this is not applicable to the case ?*

" *Have you used ligatures ?*

" *In what manner, and with what results ?*

" *Have you used the actual cautery ?*

" *Results ?*

" *Any other method ?*

" *Results ?* "

As for the treatment of the pedicle, continued Dr. Storer, there was much that might be said with reference to the several methods that had been proposed. Many of his own views had from time to time been presented to the Society, and published in its records. He

was satisfied however that no rule could be laid down for all cases, and that much depended in every case upon the coolness, skill and good judgment of the operator. Just as certain as one surgeon came to be governed in this matter by the opinion, simply because it was the opinion, of another, no matter who this might be, just so surely would he come to grief. Routine practice might answer almost anywhere else better than here. So far as life was concerned, an external clamp was often the best; but so far as preventing subsequent accident, as of hernia, it was often the worst.

Question twenty-second:

"Do you carefully sponge out the peritoneal cavity before closing the incision?"

Dr. Storer remarked that this question seemed to take it for granted that operators invariably closed the incision, whereas, of late, he had been reporting successful cases to the Society, where a large portion of the wound had intentionally been left open.

It was ordinarily, however, his custom to carefully sponge out the abdominal and pelvic cavities, repeating this as often as seemed necessary, and until prolonged exposure to the atmosphere, etc., had caused hemorrhage to entirely cease. He waited, just as he did in other operations, till all bleeding surfaces, whether peritoneal or not, had glazed, and was satisfied that it was the safest practice. In some of his exploratory sections where the tumor had proved other than ovarian, he had found it alike unsafe to remove the tumor and impossible, where the pelvic brim was occluded by it, to pass a sponge down into Douglas' fossa, for removing the blood that had there collected. Such cases, however, subsequently did well.

Question twenty-third:

"*Do you include the peritoneum in the sutures closing the wound?*"

Dr. Warner desired to answer this question. He recollected reading a paper many years ago, he thought by Dr. Peaslee, in which the ground was taken that peritoneal sutures increased the risk of inflammation and were besides unnecessary, a doctrine, as the members of the Society would recollect, just the opposite of what Dr. Storer had always impressed upon them. As a commentary upon it, he would state that, within a very few weeks he had been consulted by a patient from New Hampshire, upon whom Dr. Peaslee had performed ovariotomy fifteen years since. There was now present an enormous ventral hernia, occupying the line of incision, and containing, he should say, the whole contents of the abdomen. The accident occurred immediately after the patient got up from the operation, and, as might be imagined, the terrible drag and weight of such a mass outside the abdomen had completely destroyed her general health. The patient might better have kept her tumor and died, than recovered to live in her present misery. It was the combined result, Dr. Warner supposed, of using silk instead of metallic sutures, of placing them too far apart, and of not passing them down to and through the peritoneal membrane.

Question twenty-fourth:

"*Do you give an opiate immediately after the operation, and keep up its effects the next day?*"

Dr. Warner replied, "That depends."

Dr. Storer had in long series of cases, tried first the one, and then the other extreme of practice. He had at one time thought that the existence of pain, and at another time

that the presence of restlessness or insomnia, must decide the question. He now considered that a proper prophylaxis, which often prevented them all, was far better than subsequent attempts at relief. He was, however, more inclined now than formerly to attach importance to the influence of morphine, in temporarily tending to arrest the secretions, and so nursing, as it were, life's flickering flame. Dr. S. instanced a case at St. Francis' Hospital last winter, where, after ovariotomy and in consequence of idiosyncrasy, he had narcotised a patient to a degree that under any other circumstances would have been alarming. Very serious complications had been found present during the operation* and, under the circumstances, he determined not to attempt arousing the patient. She slept soundly for a great many hours, and made an excellent recovery. Where he did employ an opiate, he preferred suppositories, as less likely to disturb the stomach and thus destroy the main chances of recovery.

Question twenty-fifth :

"*Form of diet during the first few days?*"

Dr. Warner believed that simple common sense should govern the answer to this, as to so many other of Dr. Peaslee's questions. For the first twenty-four hours, the stomach should mainly be allowed to rest. Thenceforward, starvation was the worst possible rule. If the stomach were irritable, the food should be administered by enemata.

Question twenty-sixth :

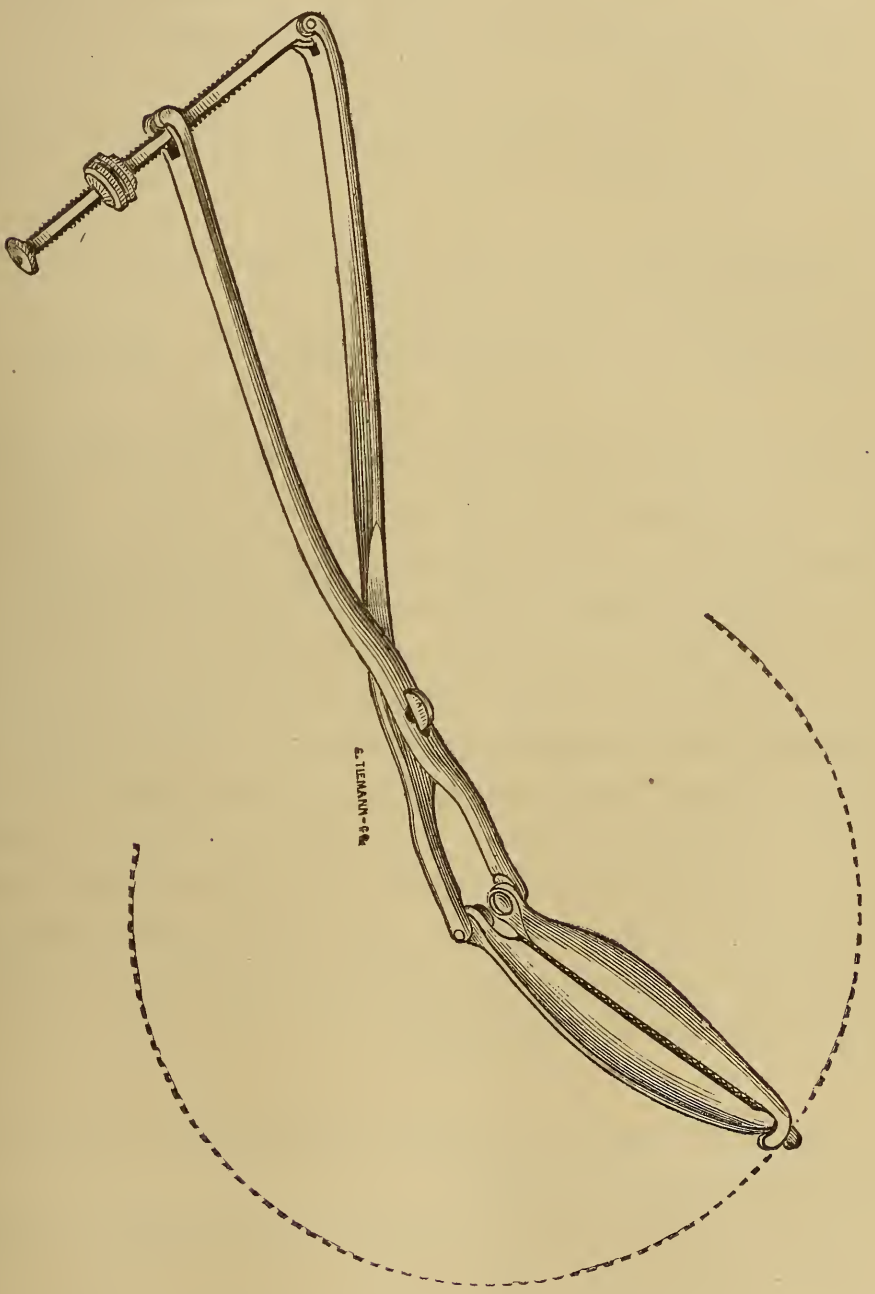
"*Causes of death in your unsuccessful cases.*"

To this question, Dr. Warner stated, he had replied in the early part of the present meeting, when discussing the effects of anæsthesia in producing vomiting, and of

* See this Journal, September 1871, page 144.

vomiting in producing shock after ovariotomy. By the use of

DR. H. R. STORER'S CLAMP-SHIELD,



the use of which was familiar to all who were present,* it was rendered possible, always, no matter how compli-

* See, with plate, Transactions Am. Med. Association, Vol. xvii, 1866, page 207; New York Medical Record, October, 1866, page 385; Thomas' Diseases of Women, page 594; Canada Medical Journal, 1868, page 345, etc.

cated the case, to prevent hemorrhage from the stump of the pedicle, and he might say, secondary hemorrhage, also; while as for peritonitis and septicæmia, some of the measures now employed, leaving the abdominal wound open for instance, bid fair to annul these also.

Questions twenty-seventh, twenty-eighth and twenty-ninth:

"*What, in your observation, has been the proportion of uterine fibro-cysts to ovarian cysts?*"

"*Have you ever removed one of these? Results?*"

Dr. Storer thought that the first of these questions was not a very plain one. It might have been intended either for ascertaining the frequency of errors of diagnosis, or of operations for fibroids deliberately determined upon. He was accustoned to teach that every abdominal section should at the outset be purely an exploratory one; under these circumstances, to remove a fibro-cyst, supposing it to be ovarian, could not easily occur. To attempt it deliberately, without also removing the uterus and its appendages, was to take a hardly justifiable risk. With regard to the "clean sweep" as it had been termed, the published records of the Society contained a statement of his own experience.*

Questions thirtieth, thirty-first, thirty-second, thirty-third, thirty-fourth and thirty-fifth:

"*The proportion of cysts of the broad ligament to ovarian cysts?*

"*How many of these have you removed?*

"*How many were pediculated?*

"*How many cured by a single tapping?*

* See this Journal, October, 1869, p. 205.

"*Ever known one to re-fill after tapping?*

"*Or the fluid of one of these to contain even a trace of albumen, if carefully tested?*"

Dr. Storer did not see how answers could well be given by any operator to the fourth and fifth of the above questions until after his patient's death. Of course the differential diagnosis could hardly be made, even by the most careful albumen test, without an exploratory section. As for himself, Dr. S. did not believe that cysts of the broad ligament, as contra-distinguished from ovarian, were nearly as common as some gentlemen supposed. He had himself seen but one well marked instance, and that occurred in one of the seven or eight cases in which he had had to perform double ovariotomy. He had here removed all of the tumors that were present, and the patient had recovered.*

He had, to be sure, in other instances had his assistants endeavor to persuade him that he was removing cysts of the broad ligament, but in all these cases he had been able to demonstrate their ovarian character.

Question thirty-sixth:

"*How many cases of undoubted carcinoma of the ovary have you seen?*"

In answer to this question, Dr. Storer referred the members to his paper upon the propriety of operating for malignant disease of the ovaries, read before the San Francisco Medical Society, in July, 1871, and published in the Gynæcological Journal.† He could only repeat that he considered that most alleged instances of ovarian cancer were

*American Journal of the Medical Sciences, January, 1868.

†See this Journal, September, 1871, p. 158.

errors of diagnosis, and that Dr. Wheeler's case,* so familiar to the members, was one whose like might not be seen again in a life-time. Even in such a case however, if the disease were detected before the neighboring tissues were involved, he should advise, without hesitation, its removal.

Dr. Warner reported a case of

CONGESTED SPLEEN MISTAKEN FOR INTESTINAL CANCER.

He had been called in September, to South Boston, to see a patient with an enlargement of considerable size in the left hypochondric region. She had been treated by a practitioner connected with one of the general hospitals in this city and, seeming rapidly to grow worse, this gentleman had called in consultation an attendant at one of the other two general hospitals, noted for his familiarity with post-mortem details. The physician referred to was announced to the patient as "the best authority upon tumors in this country," whose verdict she might implicitly rely upon. He pronounced the case unequivocally malignant, and upon this authority the family attendant announced to the husband that within four weeks at the farthest, an autopsy would demonstrate the correctness of the diagnosis. Under these circumstances he was summarily discharged, and Dr. Warner sent for.

Dr. Warner had little hesitation in stating his disbelief in the case being so grave as had been supposed, and that he thought the enlargement simply one of acute congestion of the spleen. The patient had never lived in a so-called aguish section of the country, but the case resembled very closely in its appearance and general

*See this Journal, July, 1869, p. 26. A subsequent case, that might have been similar to the above at some time previous to the exploratory section, will be hereafter reported in this Journal.

history, those of dumb ague, of which he had seen so many in the bottom lands of Illinois and Missouri, and there had been present "chills" which had escaped the attention of previous attendants. However that might be, the patient rapidly convalesced under appropriate treatment, was now about the house doing her own work, the tumor having wholly disappeared, and was very happy in having escaped the undertaker's hands.

Dr. Warner considered the case another illustration of what he had more than once stated to the Society, namely, that masked ague was not of so rare an occurrence in Boston and its vicinity, as certain theorists here would have the profession to suppose.

As to the circumstances he had detailed concerning the error of diagnosis which had been made, the fact had been corroborated to him by one of the physicians himself.

Dr. Hazelton asked, what had been the treatment?

Dr. Warner replied that before he saw the patient, she had been kept under opiates. He discontinued these and gave quinine and iron instead, whereupon the bilious vomiting and diarrhœa that had persisted for several weeks, ceased. He also applied iodine locally, in combination with the compound soap liniment. Dr. Storer had seen the patient with him, after his return from California, but she was then convalescent. Upon learning that "chills" had occurred, Dr. Storer was struck by the fact, and had inquired if the case had been one of extra-peritoneal abscess, but upon ascertaining the rest of the history, he was at once satisfied of its true character.

Dr. Weston inquired if the previous attendants had had no suspicion of the intermittent character of the case, however masked the symptoms.

Dr. Warner thought, not the slightest. There were

scores here of somewhat similar cases, which practitioners sometimes spoke of as having a "bilious" taint, but of which, if occurring in the West or Southwest, there would be not the slightest hesitation as to the correct diagnosis.

Dr. Blake wished to know whether in Western practice, it was customary to see the "ague-cake" in such cases disappear under treatment.

Dr. Warner answered, certainly.

Dr. Storer considered the case very analogous to one from Mississippi under treatment by Dr. Warner and himself, a year or two since, where one or two physicians in this city, who had previously been consulted, were quite certain from the absence of intermittency, that the tumor was a pediculated uterine fibroid. Dr. Warner's diagnosis was of enlarged spleen, and the result of treatment showed the correctness of the opinion.

Dr. Hazelton considered there could be no doubt of the fact, that enlargement of the spleen in malarial cases was more common where the symptoms were masked, as they had been here, than where distinct intermittency was present.

Dr. Warner remarked that the only drawback to his satisfaction in this case, had been the exhibition of the petty, miserable, dog-in-the-manger sort of spirit that had been displayed by his predecessors in its charge. When summoned to see the patient, he had called upon Dr. P. P. Ingalls, although informed that he had been discharged, and had desired that he should resume charge of the case, telling him at the same time its true character, and that he would have but little trouble in obtaining convalescence. That gentleman, however, though treating him very civilly at the time, had declined to do this, apparently feeling that there could be no appeal from the dictum of the distinguished professor, Dr. Calvin Ellis, who

had so emphatically condemned the patient. The circumstances of the whole affair were not very unlike those of an East Cambridge case he had already reported to the Society,* wherein a self-sufficient practitioner of Middlesex county, Dr. Morrill Wyman, had brought himself to ridicule by his unprofessional conduct towards those whom some were kind enough to stigmatize as "petticoat doctors."

The Secretary read extracts from a letter to himself from Dr. J. Parigot, of Newburg, N. Y., formerly Superintendent of the Belgian Establishment for the Insane at Gheel, with reference to the employment of educated women as medical attendants upon the insane of their own sex, at asylums. The letter closed with the following sentence, strongly corroborative of a point made by Dr. Storer several years since, when urging the appointment of Consulting Boards to Lunatic Hospitals.†—"If you remember the false accusations of hysterical women against physicians, you may easily imagine what may be said in asylums."

The Secretary read an appeal from Dr. A. Reeves Jackson, of Chicago, Surgeon-in-Chief of the "Woman's Hospital of the State of Illinois," in behalf of that institution, crippled as its resources had been by the late disastrous fire.

After remarks from several gentlemen to the effect that the funds of the Society ought not, even for charity's sake, to be diverted from the purposes for which they were needed at home, the Secretary was directed to express to those in charge of the institution referred to, the sympathy of the Society, and to forward to Dr. Jackson any donations that might be placed in his hands for the purpose by individual members.

Adjourned.

* See this Journal, September, 1871, p. 151.

† Transactions of the Am. Med. Association, Vol. XV, 1864, p. 129.

FIFTEENTH SPECIAL MEETING, MARCH 9, 1872. *

At the seventieth regular meeting of the Society, held on February 6, 1872, a discussion was had upon

THE PROPRIETY OF VACCINATING PREGNANT WOMEN.

At the seventy-second regular meeting, held on March 5, 1872, the subject of

ANIMAL VACCINATION

was brought up, and there being doubts expressed as to whether its real character, as compared with ordinary vaccination, was generally understood, it was voted to hold a special meeting for the purpose of practically investigating the subject.

In accordance with the above vote, the fifteenth special meeting of the Society was held on March 9, 1872, at 3 P. M., at Boston Highlands, at the house of Dr. Henry A. Martin, an active member of the Society. Present, Drs. Bixby, Dow, Perkins, Greeley, Dutton, Martin and H. R. Storer; and, by invitation, Dr. J. S. Flint, Israel T. Hunt, Joel Seaverns, B. H. Mann and J. H. Streeter, of Boston.

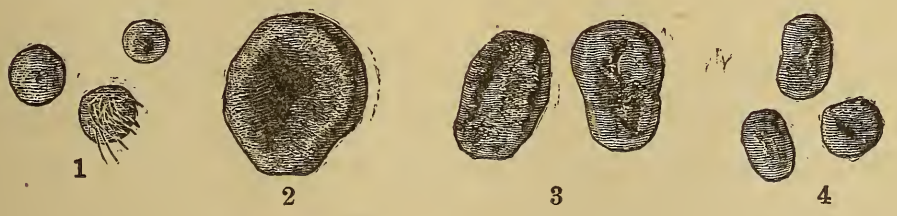
The President, Dr. Lewis, having sailed for Europe, Dr. Perkins was called to the Chair.

The Secretary stated the circumstances under which the present meeting had been called. Originally presented to the Society in its gynæcological relations, the subject of vaccination was of such importance to the profession at the present moment, as to render every question connected with it of very great interest. Preëminently was

*The Fourteenth Special Meeting of the Society was held on October 8, 1870, and was reported in this Journal for April, 1871, p. 207.

this the case regarding the so-called animal, as distinguished from the ordinary virus, and of their comparative value very little seemed to be generally known. There were those, however, who had not hesitated to speak in the most abusive manner of the new material. One of their associates, Dr. Martin, had so identified himself with animal vaccination that it seemed in the power of the Society to investigate the matter, as few physicians had ever yet had the opportunity to do. The vote of the Society had been without the knowledge of Dr. Martin, until subsequently informed of the fact by the Secretary's notification, but from the readiness with which that gentleman had offered to afford every facility in his power towards enabling the members to judge of the merits of the question for themselves, he had no doubt that the meeting would prove an interesting one, and, he trusted, of benefit to the profession.

Dr. Martin, thus called upon, invited the members, before discussing the question of the advantages of cow-pox, to see for themselves what it really was as compared with the humanized virus. For this purpose he exhibited typical crusts as taken from the animal, others from infants vaccinated *directly* from the heifer, and also those of the second human remove, and of the famous old long humanized stock of the National Vaccine Institution of England; illustrations of each of which are now given.*



* 1. Crusts resulting from single vesicles of inoculated cow-pox in the heifer. The very small one came from one of the spontaneous vesicles, which are frequent in cases where the vaccination is peculiarly successful; they are always confined to the region on which vaccination is made. They might easily arise about the mouth and nose, though Dr. Martin has not yet

He said that investigators had been very negligent in their observations of the vaccine disease *after* the eighth day, and, through this neglect, many erroneous notions had been perpetuated. The period from the formation of the areola till the spontaneous fall of the crust, was the one in which the great difference between the animal vaccine and the long humanized stock was to be perceived, and no person who had observed the vesicles (in the human subject) of animal vaccine could fail to be struck by the typical perfection of the result, and of its great superiority in every way, if the gauge of perfection is to be a perfect accordance with the descriptions of Jenner, Bryce, Willan, Sacco, Coxe and the myriad authorities of the first lustrum of vaccination. The process of "scabbing," or desiccation of the vesicle, was of the utmost importance. By a careful inspection of the crusts resulting from the use of any stock of vaccine virus, a good judge would obtain valuable knowledge of its excellence, and if to this knowledge should be added that of the lapse of time, from inception of the areola to spontaneous fall of the crust, and of the uniformity with which a firm persistent crust resulted from the desiccation of the vesicle, little more would be necessary to enable him to form an opinion, favorable or otherwise. A perfect vaccine vesicle should begin to desiccate at the centre, at a certain stage of its course; this process should very gradually extend from the centre to the periphery, till, often as late as the eighteenth or nineteenth day, the vesicle be-

noticed any there. 2. Crust from arm of infant vaccinated *directly* from the animal. 3. Two crusts from different infants vaccinated with virus which had passed through one human subject. It will be noticed that neither of these two last numbers are of the typical circular form. When virus is introduced into punctures or symmetrical groups of transverse scratches of equal length, the vesicles and crusts are invariably of a perfectly circular shape; but if the wound is not symmetrical the shape of the vesicle varies more or less, but always tends to a circular form. For instance, the insertion of virus into a simple single scratch of say one-half an inch in length would induce an oval vesicle and crust. The transverse scratches from which these crusts resulted were of unequal length and hence the variation from the typical circular form. 4. Crusts from vaccination with the long humanized virus of the National Vaccine Institution of London. The upper one was formed by the coalition of two perfect vesicles.

comes a crust or scab. This scab does not answer the definition given by Willan,* viz., "a hard substance covering superficial ulcerations and formed by a concretion of the fluid discharged from them."

This definition would generally be accurate enough, but the vaccine scab is almost *sui generis.* When perfect, it is simply the dried vesicle, and should preserve its form and umbilicated centre clearly, uniformly and distinctly. The crusts from vesicles resulting from vaccination with pure and perfectly vigorous vaccine, then, should have certain well-marked and uniform peculiarities of form, and certain others nearly as invariable, of color, density and thickness. They should remain adherent till at least the twenty-first day, and in by far the greater number of cases, till from the twenty-fifth to the thirtieth, and even the thirty-fifth day. The vesicle of perfect vaccination is of considerable firmness, hardly ever is ruptured, (and so the formation of crust prevented and often a most troublesome, sordid and intractable ulcer induced, as the admirers of the old long humanized virus knew very well). Not once in one hundred cases should a perfect vesicle be ruptured and result in anything but a firm, thick and perfectly uniform and characteristic crust; and these exceptions only resulted from violence or an extremely morbid diathesis of the patient.†

The subject of the desiccation of the vesicle, "the scabbing" as it was called by the early writers on vacci-

* On Vaccine Inoculation, 4to, 1806.

† In these remarks on the crust, Dr. Martin of course alluded to the *vaccinia* of *primary* cases. The results of re-vaccination are infinitely various. The vesicles of the imperfect *vaccinia* observed to result from re-vaccination (for there should always be vesicular eruption, however imperfect, evanescent and various in its time of appearance; this is the test, distinguishing vaccine effect from a mere common inflamed scratch or puncture) have no uniform and typical character; they vary infinitely in character, duration and intensity, from a mere slight efflorescence with itchiness, passing over entirely in a few days, to a very near approach to the phenomena of primary vaccination in duration and intensity,—so near, indeed, as to be distinguished therefrom only by very good judges; some of the phenomena, as the febrile reaction, irritability of skin and tumefaction of axillary glands being, in fact, decidedly more marked in secondary than in primary vaccination of the adult.

nation, who paid great attention to it and considered its due and regular course to be of vital importance as a criterion of the full and perfect development of the vaccine disease, has been almost entirely neglected for more than half a century. The importance of its study is very great. Till the inception of the areola the results of vaccination may appear quite normal, a tolerable vesicle may result from the use of very feeble virus in a very morbid, even *syphilitic* subject; but after that time the imperfection of the seed or of the soil in which it is deposited is exhibited by numerous morbid and irregular phenomena, and the invariable absence of anything like a typically perfect crust.

Dr. Martin said he had long felt and appreciated fully, that the period alluded to was by far the most important to the student of vaccination. Between the formation of the areola and the falling, or at any rate the full desiccation, of the crust, is the "*stadium opportunitatis*" wherein to judge of the peculiarity of any stock of vaccine and its more or less near approach, or complete attainment, to a typical standard of perfection. It is by observing the vesicle only on the eighth or ninth day, hardly or not at all at any subsequent period, that so good and doubtless honest an observer as Seaton, failed to perceive the very striking and invariable typical superiority of the *vaccinia* induced by the virus of heifer-transmitted cow-pox. At some future time Dr. Martin would probably publish an essay "on the vaccine crust," written many years ago. Time had only increased his estimate of the importance of the subject, but at present he would say no more, merely exhibiting such crusts as he happened to have on hand. These, as he had stated, were first, crusts from the heifer; second, crusts from vaccination of human subjects *directly* from the animal; third, human vaccine crusts of two removes from the heifer; and fourth, crusts from human vaccinations with lymph of the stock of the National Vac-

cine Institution of London, *said* to have been continued for some seventy years from a vaccination made by the hand of Jenner himself.

It would be observed that the crusts from the animal were very small, thin, and mostly of a light color. The course of inoculated cow-pox in the heifer varies greatly from that in the human subject. From insertion of the virus till the crusts begin to fall, is often not more than ten or even nine days. It may be said that the vesicles in the animal are *always* perfectly desiccated, and effete as early as the tenth day. If they remain adherent till the fourteenth and fifteenth day, or even later, it is simply because the growth of hair maintains a mechanical adherence long after all vital connection had ceased. The course of the inoculated *variolæ vaccinæ* in the young animal, before the function of lactation is established, is indeed wonderfully short, and the symptoms insignificant. He was sure that the whole course of true pathological existence of the disease in the animal often does not cover a single week. While forty or fifty, or even more, of the vesicles induced by inoculation of the heifer are at the period of greatest activity, there is no apparent disturbance of the health of the patient, no acceleration of pulse, no increase of temperature save, and that only occasionally, a slight one at the immediate and limited region occupied by the eruption; there are in fact no "signs" either physical or rational that the animal suffers at all. She eats, drinks, ruminates, plays with visitors as usual, in every respect.

Dr. Martin then called attention to the crusts resulting from vaccination of healthy human subjects, whether adult or infant, from one of these insignificant looking little scabs from the animal.* He did not think that he need

*The cow-pox crusts exhibited by Dr. Martin to the Society were, many of them, much larger than those which he has selected for the wood-cut illustration. They were, however, *not* the results of the desiccation of a single vesicle, but of the coalescence of several. Dr.

expatiate on the great perfection, in every way, of these results of vaccination from the animal. He regretted that he had so few of them to exhibit, the demand at present keeping his stock very low; he would say, however, that these crusts were by no means selected specimens, and that he had sometimes from fifty to one hundred of them on hand. They *invariably* presented the specific form, umbilicated centre, and other qualities which the books tell us a vaccine crust *should* present, but which common experience instructs us are almost invariably absent in the crusts resulting from the use of the old *long* humanized stock. The vesicles of cow-pox vaccination (primary) may be said *never* to rupture, and *always* to dry into crusts of this characteristic perfection of form, color, thickness and density, for the exceptions are extremely rare, and are, perhaps, *always* the result of violence, or the friction and irritation of very coarse and particularly of *woollen* under-clothing. This latter cause is however a very rare one, and the same may be said of a morbid diathesis of the vaccinia. In a word, the crusts resulting from vaccination with primary animal virus are of wonderful perfection, fulfilling to a degree quite unprecedented in Dr. Martin's experience all the requirements which the books lead us to make in the selection of typical vaccine crusts, and these crusts are the almost invariable results of primary vaccination with this animal virus.

Next were exhibited crusts of two human removes from the animal; it was evident that there was a great difference between these and the crusts of one remove only.

Martin's remarks on the wonderful effects the system of the heifer seemed to have in the "*adoucissance*" (we have no English word handy), of the disease were earnest and striking. He more than once alluded to this remarkable peculiarity as making it clear to his mind how, though the process could not be safely, or perhaps at all, imitated by experiment, so violent and intensely contagious a disease as small-pox, *might*, by passing through the system of the cow or perhaps, as Jenner always insisted, successively through those of the horse and cow, become the mild and beneficent *vaccinia*.

Dr. Martin was at first inclined strongly to believe that the decrease of development of vesicle and consequent diminished size of crusts, were very slow and almost imperceptible from one vaccination to another; so slow and gradual that even good observers (without the opportunity to see original cow-pox) had been led to say decidedly, that from Jenner's first human vaccination till now, there had been no change whatever in inoculated vaccinia in any respect; and, after the first remove, Dr. Martin had found that the change *was* indeed so gradual as to be only barely perceptible, on contrasting the vaccination of the second remove with that of the fifteenth from the animal. Between the results of human vaccination with virus *direct* from the heifer, and with that of one remove, there could be no doubt whatever that there was a very decided difference. This difference, evidenced by the diminished size of crusts, had been so often and constantly noticed by Dr. Martin, that he could not and did not doubt it at all. The crusts of one and two removes now exhibited did not show this difference in an exaggerated degree. In fact, the crusts of one remove that happened to be on hand were hardly up to the average, whereas several of those of two removes were unusually large and fine.

The same might be said of the crusts next exhibited, resulting from the use of that stock of the National Vaccine Institution of London, in which Englishmen take such just pride, and by which Seaton, and other English opponents of animal vaccine may be said, in vulgar parlance, to swear. These long humanized crusts were carefully selected from a lot of many hundreds, which had been laid by from time to time as too old to be safely issued to correspondents. They are therefore *very exceptionally* fine specimens in every respect, of the stock they represent. It must not be

supposed that such crusts result in all, or nearly all, vaccinations with *long* humanized virus. Often a dozen vaccinations will be made without obtaining one such specimen. In the vesicle induced by the use of long humanized virus, the tissues involved are so delicately thin and superficial, that the tendency to rupture by the slightest friction or violence, and even spontaneously, is almost invariable; and, consequently, imperfect crusts, or none at all, and so a quite unprotected ulcerated surface, with erysipelatous and other troubles are the rule and *not* the exception among those classes in which the most scrupulous care is not taken in the management of children. Hence it is that, although the cow-pox vaccination induces a disease of greater activity, much longer duration, decided febrile reaction, greater engorgement of axillary glands, etc., etc., it does *not* produce what are properly called "sore arms" in anything like the proportion that is produced by the old *long* humanized virus. In fact, in primary animal vaccination, Dr. Martin has never seen a case in which anything but the specific phenomena of the vaccine disease were perceptible, while at the same time, and *very often in the same patients*, he *has* seen very numerous irregular and troublesome results of the use of the "Seaton" stock. In re-vaccination every physician knows that there is, whatever virus is used, a great tendency to trouble, and with the old virus there have been some few instances of aged adults, in morbid physical condition, having been very improperly and carelessly re-vaccinated by incompetent men, where even fatal results have ensued. There have been now, at least, 400,000 re-vaccinations made in this country with cow-pox (Beaugençy) virus, and no case of death, no case of erysipelas, no cases of post-vaccine variola have been reported among them. Dr. Martin would say here that statistics, kept with the greatest ex-

actness at the "New York Dispensary" ever since the introduction of vaccination in New York (which introduction was made by this very venerable institution), show, in round numbers, that in every five hundred vaccinations made at that institution, and they number hundreds of thousands, one case of erysipelas will always occur.

Since the adoption of cow-pox vaccination (from stock derived originally from Dr. Martin) by that institution, there had been, up to September, 1871, about 4,500 vaccinations made, and not one case of erysipelas reported. Within the sphere of Dr. Martin's own practice and observation, there had been since his introduction of animal vaccination, no less than seven cases of erysipelas following vaccination, and several cases where it seemed to be threatened, — and all these, without exception, have been from vaccination with humanized virus, and invariably with that of the English Vaccine Institution. In two cases primary vaccination was made on *both* arms of one subject, on one with cow-pox, on the other with virus of the old stock, — and both, as always, selected with the greatest care by Dr. Martin himself. In these two cases erysipelas supervened, and in both *on the humanized side.** Since the introduction, by himself, of the system of animal vaccination in America in September, 1870, rumors had reached his ears, of three cases of death by erysipelas from cow-pox vaccination. He had carefully investigated all these rumors, and ascertained, with certainty, that in neither case was cow-pox virus used. Two of the cases were in the practice of physicians who had never had a point of cow-pox virus; one of them, in fact, was then

* It might, very reasonably, be asked why a stock which experience demonstrated to be inferior was continued. Simply that means could be afforded to correspondents to make the crucial experiment of vaccinating a test [primary] case with both sorts, and so ascertaining in the best possible manner their comparative merits. Dr. Martin has however now abandoned entirely the old stock, and will, in future, propagate only the Beaugency stock and early human removes therefrom, being perfectly satisfied of its immense superiority.

an opponent of animal vaccination. Two of the infants were very young, so young that they should not have been vaccinated at all, unless, which was not the case, variolous contagion had been imminent, but both were done with long humanized virus; as was also the third, a child of eight months old, although the physician supposed, and was allowed to suppose by the commercial firm who sold him the virus, that it *was* that of cow-pox, and derived directly from Dr. Martin,—a species of covert deceit and indirect falsehood from which both Dr. Martin and the cause of animal vaccination have suffered seriously, and will probably suffer more and repeatedly.* It might be thought that Dr. Martin had dwelt too long on a point generally utterly disregarded by the books and those feeble and dyspeptic digesters of books, the professors of theory and practice, and midwifery. He could not think so. Twenty years of daily, nay hourly study had convinced him of the great importance of the period of vaccination between the commencement of the areola and the perfect formation of the crust, and also of the fact that to a critical and thorough adept in this specialty, a careful inspection of the crust merely would afford the most valuable and decisive knowledge of the excellence of the stock from which it had resulted. He should therefore only regret and apologize for the

* Dr. Martin does not and will not supply a particle of virus to traders or agents. If a person orders by letter he presumes the writer to be a physician and answers his order. It may happen that now and then dealers obtain virus in this way, but as he makes no discount whatever, except to a few charitable institutions, it is not likely that the number is large or will largely increase. For many years he had supplied the firm of Codman & Shurtleff, of Boston, with humanized virus, their supplies being obtained exclusively from him. Although Dr. Martin did not approve of the supply of physicians in this way, he consented for a while to supply this firm *to avoid future annoyances*, but neither they or any other firm have had a particle of virus from him for nearly or over a year. Now, the system having been fully tested and found wanting, no physician would be able to *certainly* obtain virus of Dr. M.'s production from Codman & Shurtleff (*as many of them believe they still do*), or any other firm, or in any way except by direct communication with Dr. Martin (or better still by letter to the address of the firm "Dr. H. A. Martin & Son"). Dr. Martin has requested us to write this note as a personal favor to himself, and beyond that, in the interest of the profession and in justice to the method of animal vaccination which is now *sub judice*.—EDS.

hasty, imperfect and desultory style of his remarks on this head.

Dr. Martin then exhibited some plates in the very rare volume on "Vaccine Inoculation" by Robert Willan.* These plates exhibited, first, an "arm" on which was a vaccine crust; this crust was of a vaccination with lymph of an early remove from the cow and corresponded exactly with the crusts of early removes which Dr. Martin had exhibited, but was not as large or perfect in every way as those which he had so very often seen from primary vaccination directly from the animal. Second, were various drawings of vesicles of early removes from the cow on the tenth and eleventh days, showing that the vesicles, then considered typical, were considerably larger than we have been accustomed to see; and, what is of more consequence, that instead of commencing on the seventh or even sixth day, as is not uncommon with old effete virus, the areola, in 1806, was not looked for till the tenth or even the eleventh day. In all these respects, the vesicle and areola of early removes from the heifer-transmitted cow-pox of Beaugency, exactly resembled the vesicle and areola regarded as typical and perfect in 1806 by the greatest of English, or, indeed, of all dermatologists of his time. Third, these plates of Willan's also exhibited a delineation of a minute, so-called "miliary," eruption on the skin, observed by him and all the early vaccinographers in about one case in fifty, and regarded by all of them as an evidence of the most perfect development of the vaccine disease in the human subject. This eruption Dr. Martin had never seen in over 25,000 primary vaccinations made in twenty-seven years or more, till he commenced the use of the Beaugency virus. He finds that its duration is that mentioned by Willan, three or four days, and that on inspection with

* London, 1806.

a good lens, it is evidently vesicular and each vesicle is clearly umbilicated. It is, in fact, a general eruption of vaccinia, infinitely curious and extremely important as an additional and forgotten demonstration of that analogy, if not practical identity, with variola on which rests *our* (as opposed to the Homœopathists) *only* rational attempts to explain why vaccination protects from small-pox.

Dr. Martin believed that inoculation with variola was the surest of all preventives (excepting possibly vaccination *direct* from the animal, a question, however, never settled, or even investigated, but of vast importance; and which time and a large adoption of animal vaccination may now enable us to solve). He believed that were it not for the intensely contagious nature of variola, inoculation would never have been abandoned, but *that* would always prevent our return to it, unless indeed, vaccination should become an utterly unprotective measure; as he fully believed, after an anxious and laborious study of the literature and statistics of the subject, it would eventually have become, and, indeed, was rapidly becoming, if there had been or should be no return to the original source in the cow. Fully and earnestly believing in the gradual but inevitable degenerescence of vaccine virus by *long* human transmission, Dr. Martin could only regard with lively interest the points of analogy between variola and perfect vaccinia,—this minute vesicular eruption, for instance; the longer period of incubation, five, six or seven days often—and sometimes even two or three weeks have elapsed from the operation of vaccination with cow-pox virus, till the first appearance of development of vesicle; the longer duration of cow-pox vaccination to fall of crust, often exactly corresponding to that of variola; and the febrile reaction, *always* evident and *sometimes* very marked for one, two or three days, often appearing as does the secondary fever of variola on the fourteenth day. Other

points might be mentioned wherein cow-pox vaccination differed from that induced by the old feeble *long* humanized virus, and all would, as these do, demonstrate without exception, a much nearer, often very near approach to the phenomena of mild variola.

Dr. Martin also exhibited the large folding plate designed by the famous artist, Chazal, in 1836, and showing both arms of one child; vaccinated on one arm with the old virus introduced originally in France in 1800 by the Comité Central de Vaccine, and obtained from Jenner himself, and on the other with virus of three or four removes from the renowned milch cow of Passy, and two or three removes from the vesicles on the hand of her milker, famous in vaccine history, La Dame Fleury. This plate illustrates and accompanies the famous monograph, "Sur le cow-pox découvert a Passy le 22 Mars, 1836, par J. B. Bousquet," and both together have been to Dr. Martin, an infinite source of comfort, assurance and instruction. The plate, designed and engraved with great skill and delicacy, gives seventeen representations of each arm, (thirty-four in all) one the fourth day after vaccination and on every day till, and including, the nineteenth; the twenty-fourth day is also delineated. Although this plate contrasts, not cow-pox, but the vaccination with virus of a few human removes therefrom, with the old long humanized stock, still the difference is enormous, and very well exhibited and described in the plate and accompanying monograph. The representation of crusts in these drawings compared very well with those of three or four removes from Dr. Martin's stock.

There are difficulties in the way of such attempts not easily surmounted; but Dr. Martin hopes by-and-by to procure the delineation in this manner "*ad vivum*" of the appearance from day to day, of a vaccination with the Beaugency virus. In the meantime the Passy cow-pox

plate admirably illustrates the vast superiority of the virus of early removes from the cow, in contrast with an old long humanized stock. Dr. Martin also exhibited to the members of the Society and invited physicians, plates connected with a monograph of Prof. Depaul on Animal Vaccination, showing the appearance of vesicles on the heifer, and also of one stage of human vaccination therefrom; also Ceely's beautiful plates accompanying his first and second Reports on the "*Variolæ Vaccinæ*," the most beautiful work that has perhaps been ever published on vaccination, and probably of the greatest original importance of any since those of Jenner appeared; also the original editions and illustrations of Jenner's own works. These plates and publications, and many more, are considered by Dr. Martin as of the utmost importance to the student of this very difficult and much neglected study, and were used by him to illustrate various points in his remarks,* of which, as their utterance occupied more than two hours, we can merely give an abstract, dwelling on those points only which Dr. Martin considered of the most decided importance.

The members of the Society were now taken to the abode of the heifers,—for so excellently, even elegantly, appointed is the establishment, that it can hardly be called a stable.

In the operating room there were two stalls, each containing a heifer, the one that day vaccinated, and the one that day drawn upon for matter. Dr. Martin drew

* Dr. Martin, experiencing the want so grievously felt in Boston by all even superficial students of specialties in medicine, and finding that, on the subject of vaccination, the most important by far of them all, our libraries, private and more or less public, contain literally nothing of value, has accumulated a collection of many hundreds of the more important publications on vaccination from the time of Jenner till the present, and also many very rare works on variolous inoculation. These books are peculiarly difficult to obtain, but the collection is continually increasing, and will be enlarged at every opportunity. Dr. Martin has always been willing and happy to let the profession have the use of this collection, and wishes us to express that feeling here.—Eds.

particular attention to the precautions taken to prevent the animal from getting at the vesicles, or otherwise interfering with their due maturation, and explained the whole process of vaccinating them and removing the fresh supply of virus.* In an adjoining apartment, well ventilated and extremely comfortable, were eight or nine more heifers, awaiting their turn, for two are now regularly vaccinated every week. The most careful records are kept of where the virus is sent to that comes from every heifer, and the whole business is reduced, in all its details, to the most perfect system.

It being difficult always to procure heifers of the requisite age, six months or thereabouts, Dr. Martin has made arrangements for a constant supply, a car load at a time, from Maine. They are selected with care, and after arrival every precaution is taken to get them into the very best possible condition of health, for otherwise the vaccination proves ineffectual. The establishment is by far the most expensive of the kind in existence, and costs for its maintenance several thousand dollars per year, as may be understood when we state the fact that Dr. Martin has, at present, a constantly-changing herd of forty-one selected heifers, imported by him from Maine, and subsisting and cared for, in the best way, at his expense

* While writing out this record, we have accidentally chanced upon the following description of these stables in one of the newspapers of the day. It is so faithful that we transcribe it:

"The room in which the heifers are kept is light, warm, and airy,—a perfectly finished room, indeed, with plastered walls and ceiling, and the stalls are built with as great regard to comfort and neatness as those of a gentleman's stable. Dry sawdust is furnished for bedding, and the best hay with meal mashes for food. Under the large south window stands a peculiar "operating table," with a top which folds down, two projecting arms then coming to the floor, as if forming extra legs. The heifer selected is led out, placed alongside this table, and its fore feet secured by fastenings already attached to one arm, and its hind legs in like manner to the other. A stout belt encircles its body and the flat top of the table, and a halter and neck strap hold its head in place at one corner. Then the whole top is tilted up to place and secured, and the bovine martyr to science is recumbent on one side upon the top of the table. A portion of its abdomen, about the size of two full-grown hands, is then shaved clean, and the vaccine virus from another heifer, at from the fourth to the seventh day of the disease, is inserted in little punctures arranged in rows an inch apart each way. The table-top is again canted down, and the little beast released and installed till six or seven days after, when its vesicles are ripe for the supply of lymph to another heifer and

at different stables in Brighton and Boston Highlands. It will always be an objection to the system of animal vaccination that it must involve, beyond a thorough knowledge of the disease in the animal,—to which knowledge experience in human vaccination, however thorough and extended, gives little aid,—also a very considerable outlay of money. In this fact, and the difficulties of procuring, even for money, animals of the proper age and condition, and subsisting them in health after being procured, is to be found the reason why so natural a thing as the transmission of spontaneously occurring cow-pox through a series of heifers, should not have been done long before 1866.

The company having now returned to the house, Dr. Martin proceeded as follows :—

In June, 1798, Jenner announced to the world, that inoculation, not only with the virus of cow-pox, but also with that obtained by human transmission, produced a mild, non-contagious, practically quite innocuous disease, which perfectly protected its subject forever from all danger of variola; and from this opinion, so far as his published works and uttered opinions revealed his mind, he never varied till his death in 1823. Jenner had a reputation far below what he deserved. The general

the human race in general. It is then replaced on the table, and the operator, taking a box of small ivory points, prepared for that purpose, a rack for the same to dry on, and a pair of peculiarly shaped, slim pliers, seats himself at the side of the table. With the pliers he gently squeezes each pustule in turn, and, as the lymph oozes forth, carefully collects it on the ivory points. From a good yielding animal several hundred points can be charged. This done, the heifer returns to her stall and remains a few days longer, when the "crusts," having matured, are carefully taken off and mounted in gutta percha for the use of those physicians who prefer this form of administration. The heifer then, having fulfilled its mission, retires to private life. The operation is conducted with such care to avoid unnecessary suffering, or even inconvenience to the animal, that it frequently goes to sleep on the table, and does not evince any pain. Two agents of the Society for the prevention of cruelty to animals recently visited the place, and after seeing the whole process declared themselves satisfied that no cruelty was inflicted. The ivory points, after being charged and becoming dry, are carefully placed, ten in a bunch, and wound with cotton fibre. Then white paper is wrapped around them, and lastly rubber-tissue, which is tied at the end, producing a water-tight and air-tight package. These, then, are packed in any desired quantity, and shipped to fill orders."

notion seemed to be that he was a rather ordinary, inferior man, who stumbled accidentally on a mighty discovery, much as our own Morton is thought by some to have done. The fact is that he was a truly great and philosophic mind, worthy to be, as he was the chosen pupil and life-long friend and correspondent of John Hunter. If ever a discovery was announced to the world with due deliberation, it was that of vaccination. We have evidence that, for at least thirty years, during which he encountered many perplexing and discouraging obstacles, and one by one mastered and overcame them, this mighty matter occupied the brain of Jenner before he published "An inquiry into the causes and effects of the *Variolæ vaccinæ*, a disease discovered in some of the western counties of England, particularly Gloucestershire, and known by the name of the cow-pox." It was ten years after the discovery first engaged his attention that, in the year 1780, timidly, and under the seal of confidence, he revealed to his bosom friend, Gardner, his mighty hopes for the great good of his fellow-creatures. A great and glorious ambition and aspiration, for one whose greatest hope was to do good to others. Such was the slow, careful, almost painful deliberation and completeness with which the mind of Jenner moved to its great goal. Such the noble, Christlike motive that urged him on. If any great discovery bears the seal of deliberation, and of an effort to make so sure every step forward that there might be *nulla vestigia retrorsum* it was that of vaccination; but still, it must be now acknowledged, the whole gist and kernel of the discovery of Jenner, the one precious jewel of induction was, that from time immemorial the dairy people of England held to a tradition that those who had taken cow-pox by receiving the virus of the disease into cracks, chaps and abrasions on their hands, arms, etc.,

became, forever after, free from all possibility of taking the small-pox. For thirty long years Jenner carefully investigated this popular doctrine and, after infinite labor of the least attractive kind, were it not for the Divine light that led him, he fully ascertained its truth; and he entirely fixed one great and infinitely important fact, by very numerous and fully ascertained instances, that every milker who had passed through the casual inoculation of the true *variolæ vaccinæ*, and its effects, had evinced a total and happy inaptitude,—manifested through, in the aggregate, almost innumerable exposures to contagion, extending over a very long period of time,—to "take" variolous disease in any form, degree or modification, *varioloid* or other.

This is the *one* clear fact, and the clear and single practical induction is that inoculation of the cow-pox *direct* from the animal would protect entirely from the dreaded plague. Very few of the vaccinations of Jenner were made from the cow, for the spontaneous disease was of only occasional occurrence; the stage of it during which efficient virus could be obtained was evanescent, it was difficult, nay, at first, impossible to get subjects for vaccination, and when these were obtained they were almost invariably vaccinated with virus which had passed through, at least, one human system. Dr. Martin had stated and demonstrated (and it was now in the power of any physician to prove the same) that between the effect of vaccination directly from the animal, and with virus of one remove, there was a very decided and constantly evident difference, but after the second remove the change from one remove to another is so slight as to be quite imperceptible, and it can only be ascertained by comparing the vesicles of three, four, or more removes with those resulting from vaccination direct from the bovine source. It is easy to see that the moment Jenner assumed that

vaccine virus lost nothing of its vigor, and that the results of the use of virus of five, or ten, or twenty removes was just as protective as the casual disease on the milker's hands, he was widely departing from the solid and safe premises on which the milkmaids' doctrine had been built. Dr. Martin said that he wondered infinitely that no one had thought to transfer spontaneous cow-pox to another animal of the same species, and to another and another, as is now done by Dr. Depaul and himself. It *may* be that some one *did*, but he has found no trace of anything nearer than the occasional and indeed frequent vaccination of a cow or heifer with humanized virus, with the hope, never to be fulfilled, of regenerating and building up and fortifying the enfeebled stock.* Suggestions and even petitions to Governments for the establishment of stables in which heifers might be inoculated with cow-pox and the resulting virus distributed among the physicians and people were, indeed, from time to time made; but they came, like many other good things, to nothing; there were then, as always, doctors enough high in place and power, to sneer at and defeat any suggestions emanating from any one save themselves and their favorite satellites. In the first years after vaccination was announced, every enlightened physician in Christendom was up to his ears in vaccine experimentation. Every sort of mammal from the elephant to the mouse was vaccinated, and even birds. He finds, among thousands of such experiments, none in which the end sought was the perpetua-

* This experiment, constituting what is called *retro-vaccination*, was successfully made in 1801, at Cambridge, Mass., by the eminent Dr. Waterhouse, a man distinguished by his enlightened devotion to vaccination and equally enlightened opposition to the Massachusetts Medical Society, or rather to the gross abuses developed by the very peculiar and absurd organization of that Society, which the time that has intervened since the expression of Dr. Waterhouse's opinion has only made more miserably apparent. Dr. Waterhouse expressed the decided opinion, some fifty-five years ago, that such abuses would not be tolerated for twenty-four hours out of Massachusetts. *Retro-vaccination* was also done by hundreds of physicians during the first five years of vaccination and by hundreds since, and with an almost unanimous verdict of the unreliability, nay, utter worthlessness, of the virus obtained by this method.

tion of the disease originally occurring in the cow, in animals without passing through a single human system. This, to him, singular fact, he can only account for by the implicit confidence in Jenner, and in his firmly maintained doctrine of the non-impairment of vaccine virus through human transmission, however frequently repeated. At all events, nothing is more certain than that, after 1803, very few vaccinations were made in Europe save with virus obtained from the human subject, and of many removes from the animal.

From year to year physicians went on using virus which was steadily, but very slowly, losing its efficacy, as evinced by the diminished size, want of uniform perfection of form, earlier appearance of areola, much diminished and at last entire absence of febrile reaction and of the general miliary eruption. Cases of post-vaccinal variola ycleped by a neat euphuism variol*oid*, become more and more frequent, but, in the total absence of the early true standard for comparison (primary cow-pox vaccination), no *respectable* conservative physician would, for a moment, admit any change since the time of Jenner. True, there were a good many men in Germany and even in France and elsewhere, who eagerly and vehemently and laboriously maintained that there had been and was a constant degeneration of vaccination from year to year, that it was becoming less and less perfectly and persistently protective, and would even probably cease eventually to be any protection at all from variola. These rude and troublesome fellows were, however, as usually are the truth tellers, voted great bores; no easy, respectable doctor thought of ever reading their tedious papers, in which, to be sure, they quoted Jenner's own *facts* on their side and the *facts* of many others of the earlier vaccinators also, but when was a tedious, matter of *fact*, so welcome or acceptable,—to such

minds as then abounded, and still abound in the profession of medicine,—as a good sounding, baseless, but plausible theory, just such a one as that the disease produced by virus of fifty thousand human removes from cow-pox would be identical in character, in protective power, in every respect, with that of one remove only? Although post-vaccinal variola, which in 1809 had alarmed Brown by an estimated frequency of one-half of one per cent. became so common about 1830 that about thirty-five per cent. of adults, vaccinated in infancy, were proved to be susceptible of variol*oid*, still all good *respectable* doctors held to the doctrine of non-degeneration and in this had all the solid *respectable* bodies, like the Academy of Medicine, to back them. The men who *pretended* to think that vaccine virus was degenerating rapidly were in a minority contemptible in numbers at any rate, but noisy—for the often repeated dogma of Jenner and the votes and pronunciamentos of learned bodies could not silence them—like that still more contemptible minority (in number) called Galileo, they still continued muttering, "it does degenerate though;" but in the total absence of cow-pox, they could do nothing but grumble and excite the undisguised contempt and dislike of all smooth, well fed, sleek, RESPECTABLE disciples of Æsculapius,—and so matters went on till 1836. In 1833, Bousquet had stated, in print, that there had been no degeneration from the time of the announcement of Jenner's discovery till then. In 1836, he saw on the hands of La Dame Fleury, of Passy, certain two or three nearly desiccated vesicles; from these he inoculated sundry children, nine in all, and from all the nine got but three little insignificant looking vesicles.* But from these were

* It is a fact, that vaccination made with virus taken at too late a period of the vesicle, or with virus, particularly that preserved in tubes, which has been long kept, produces very small and feeble and tardy, though perfect, vesicles. Vaccination, however, from these, invariably results in vesicles fully representing the strength of the stock. Dr. Martin has so very often and constantly observed this phenomenon that he states it as a "law," and one the

vaccinated, with perfect success, if Dr. M. remembered correctly, eight more children.

The results of these vaccinations, and from the use of the virus obtained from this "*stock*," quickly spread through Europe and convinced all rational men of the vast, and till then, quite incredible difference that existed between virus of thirty-seven years of human transmission, and that, not of cow-pox, but of three human removes and more therefrom. If they could have made the comparison between the old virus and that *directly* from the animal, it would have been even more startling; as it was, however, all reasonable men were convinced, none sooner, or more fully than Bousquet himself,—as is perfectly evinced by his monograph, before alluded to at some length. It is worth while as an illustration, however, to observe here that the Academy of Medicine has, it is believed, never reconsidered its vote against the doctrine of degeneration of virus. In 1836 then, Bousquet was exulting in his cow-pox of Passy, but already, at about the twenty-fifth remove, he saw its impending fate in a decided "*adoucissement*" of the virus, and in his monograph he proposes various modes of retaining the newly found treasure as long as possible in something approaching its original vigor; among these methods transmission from heifer to heifer was *not* mentioned, perhaps from experience of the futility of *retro-vaccination* or the vaccination of heifers with humanized virus. Bousquet had really no opportunity to attempt animal vaccination as now practised, for he never saw or used lymph nearer the animal than one remove. All his plans proved futile, and, writing twelve years after for the second edition of his large work on vaccination, he says, sadly:

teaching of which is that a conclusion unfavorable to a stock of virus should not be arrived at from the results of vaccination made with "stored" virus. Had Bousquet been as precipitate as some men, he would have abandoned the "cow-pox of Passy" at once, after the vaccination of the first nine children.

"Aujourd'hui, après douze ans de circulation, le vaccine de 1836 n'est plus ce qu'il était: il a certainement perdu de son énergie. *Sans doute il est encore bien supérieur à celui de* 1800: mais s'il n'est renouvelé, s'il reste en circulation le même espace de temps, il finira comme lui je n'en doute point." He says again, (I translate) "In November 1847, the Academy received cow-pox virus from Pomerania; it was of the eleventh reproduction. I tested it and at once I was carried back to 1836. In intensity, size and duration, I saw again the cow-pox of Passy as it was at first."* In 1809, Brown published his remarkably able work in which all, essentially, that has ever been said of the gradual degeneration of vaccine virus, was said fully and earnestly, in no spirit of enmity to vaccination, but on the contrary with an evidently sincere and very regretful conviction that the protection, of which he had been one of the very ablest and most earnest advocates, was becoming, from inevitable changes which Jenner could not have foreseen, and which time alone could reveal and demonstrate, less and less reliable and, to his most unwilling apprehension, must at last inevitably cease to be of any value. It is strange that such a work as that of Brown should have been condemned, as it has been very violently, as an attack on Jenner and his discovery. Nothing could be farther from its spirit and tone. Although a forgotten work, it is in the highest degree worthy of the careful attention of every real student of vaccination. Dr. Martin would make but one extract. "It is well known that upon the introduction of the practice by Dr. Jenner, the size of the vesicle was understood to be considerable; in most cases, at least equal to the size of a seven shilling piece" (gold, of about the size of a five cent piece), "the figure circular, with an edge somewhat irregular, and somewhat more elevated than

* Bousquet. Nouveau traité de la vaccine, etc., 1848, p. 416.

the centre, and its color distinctly approaching to blue.* It now appears that there is not one of these peculiarities but what may be dispensed with. The size may not exceed a split pea; the characteristic figure may be nearly if not entirely lost," etc., etc.†

As the claims of animal vaccination to the favorable attention of the profession depend largely on the question of the degeneration of virus through prolonged human transmission, Dr. Martin hoped that the Society would not regret the time that he had taken up in attempting to prove this, to his mind, undoubted fact. He thought he had adduced enough evidence from the literature of vaccination to prove his point. If any doubt, however, remained, it could be most surely and entirely removed by simply and *fairly* testing the Beaugency heifer-virus in two or three cases of primary vaccination either in the infant or adult.

(*To be continued.*)

MEDICATION BY THE USE OF VAGINAL AND RECTAL SUPPOSITORIES.

By Henry M. Field, Newton, Mass.,

Prof. Mat. Med. and Therap. in Dartmouth College.

[*Read before the Society, Jan.* 16, 1872.]

First, a few words respecting *Nomenclature.*

I have always found it convenient,— and I think it is sensible,— in referring to this subject, to distinguish the two principal forms in which this mode of medication is

* This bluish tint, alluded to by Jenner and all the very early writers on vaccination, and only known to modern vaccinators through their descriptions, has been frequently observed by Dr. Martin in primary cow-pox vaccinations, particularly of adults.

† An Inquiry into the Anti-variolan Power of Vaccination, etc., Edinburgh, 1809, pp. 119, 120.

most commonly employed, as vaginal and rectal suppositories. The practice which some make of designating the former as *pessaries* is arbitrary and hardly rational. Indeed I know of no reason assigned for the custom, further than that it is supported by the authority of ancient writers. The word pessary, however,—Greek, πέσσος, a small stone,—has become so generally appropriated to an instrument for internal support, that it would seem well to confine it to such purpose. Surely there can be no good reason why the ointment, moulded and medicated, should be called suppository when designed for the rectum, and known as pessary when introduced into the vagina. But while the term suppository, both etymologically and from convenience, so well answers the purposes of the profession, it is to be regretted that there is not corresponding to it some other term, shorter and better adapted to popular use. This will not seem a matter too trivial for mention, to any one who has had a similar experience with my own. While the word suppository is far from being a familiar word, it is much like, in sound and construction, certain other words which are familiar ; and I frequently find patients, too intelligent to admit of their blundering in conversation without annoyance, who are quite embarrassed in their effort to speak a word altogether strange to them and which they fear to miscall. On the other hand, I have been, once and again, greatly amused to observe how certain individuals will mutilate the word at hand, although they have at command such stores of information and wisdom upon general medicine as enable them readily to dispose of the respective claims of homœopathy and of the honest practice of physic ;—running through the gamut of Latin prepositions, in their effort to find a prefix, and abusing the radical in a manner worthy of such beginning.

Secondly, of *Pharmacy*.

I know of no material for the construction of suppositories which answers so well as *pure butter of cocoa. No admixture should be allowed, and particularly of spermaceti or wax.* There is much less labor and care required, however, as regards the process of moulding, if a small per cent. of one or the other be introduced; and the druggist needs to be sharply looked after in this particular. I suspect that much of the disappointment that some find in the employment of suppositories, and the objections that others urge to their use, spring from ignorance or neglect of this precaution. The oily matter, melting with the heat of the internal passage, is often resolved into its two constituents; and the wax, no longer held in solution by the cocoa butter, is deposited in firm, hard flakes — a serious source of irritation in an irritable condition of the membrane — and which may not be removed for many days unless by special means. I have thought that such precipitation was particularly liable to occur when strongly astringent suppositories were used. The advantages of butter of cocoa I need not enumerate — they are familiar to all of us.

Dr. Alfred Meadows, however, in a paper published some time since in the "Practitioner" objects to this material as vehicle, partly on account of its greasy character, which he asserts, is disagreeable to the patient, but principally because oily matter is not absorbed by the mucous membrane of the rectum or vagina. He proposes as a substitute the soft soap of the British Pharmacopeia, solidified with the powder of althæa root, yet he admits that his soft soap had occasionally caused serious irritation of the passage,— to the extent in one case, that the patient was obliged to get out of bed and use a cool water injection in the night; and adds another consideration which he makes light of, but which I think is a capital objection,

namely, that the suppository thus constituted soon grows dry and hard, and therefore should be prepared freshly and for the occasion. Now an instrument of medication of such difficult and delicate construction, as is that which we are considering, cannot, as a general thing, be extemporized, but should be made from predetermined formulæ and many at a time. Dr. Meadows claims that his suppositories, made as indicated, are much more active than those made of cocoa butter; so that in the case of narcotics, he was obliged materially to dininish the dose. But it would not seem that he was very far successful in preventing absorption, with whatever means employed, or he would hardly have directed sulphate of atropia for vaginal suppository, medium dose gr. 1-18. The subject of the absorption of oils from the two passages needs thorough review. I am not prepared to state that such material is never taken up by the mucous membrane of the rectum or vagina; nor have I the data of the conditions or degree of such absorption. Certainly, I have more than once, to all appearances, obtained a thorough evacuation of the bowels, after some hours, from the injection, *per rectum*, of two or three ounces of castor oil; while I have more frequently been disappointed in this attempt — the medicine, if operating at all, doing its work mechanically. For the general intention of the snppository, however, we do not care to have the butter of cocoa pass through the membrane. We either use it for its emollient influence upon the interior of the passage, or as the necessary vehicle of the medicine with which it is made up. But it is a matter of serious moment if the oil, as Dr. M. asserts, itself not absorbed, invests the particles of the medicine employed so as to impede or altogether prevent its absorption. I can hardly believe that this charge is founded on practical observation. I have used suppositories freely for several years

past, for many different purposes; and, granted that the instrument is properly prescribed and properly used, I consider myself able to calculate the results of the remedy employed with all-sufficient closeness to fact. A case of the active absorption of a medicine from an oily medium introduced into the vagina, has but recently occurred in my practice. A lady had been for some time using suppositories containing 1-90 gr. atropine; the dose was unintentionally raised to 1-70 gr., and she suffered so much from belladonna intoxication as to be for some time quite alarmed at her condition. (If this instance be one of idiosyncracy, it none the less readily proves the point under discussion). In this connection I may say that I believe our first use of an active remedy, in the form of vaginal suppository, should always be tentative, unless we have previously informed ourselves of the condition of the mucous membrane by actual exploration. The presence, or otherwise, of excoriation or ulceration probably exerts a material influence upon the rate and activity of absorption of whatever medicine is presented; and an eminent authority thus explains the, at times, notably unequal effect of carbonic acid introduced into the vagina as a local anæsthetic,— the gas being wholly inert because not absorbed, if there be no breach of surface, and, again, procuring a powerfully anodyne influence in a patient whose vaginal membrane is the seat of extensive lesion.

Mr. Brady, of Newcastle, England, the eminent pharmacist and physicist, has recently manufactured a butter of cocoa, which he claims to be superior to any other in the market, not only on account of greater purity and more careful selection, but also because of the peculiar manner in which it is prepared. It is first melted, and when at a certain temperature is passed through some fabric of extreme fineness of texture; and Mr. Brady believes that this process, which presents the mass with modi-

fied molecular structure, especially adapts it for absorption through the mucous tissue. The Messrs. Metcalf, of this city, have ordered several hundred pounds of this butter of cocoa and expect its arrival daily.

The suppository can only be made with proper elegance, when prepared in a mould designed for the purpose; and a block or series of such moulds enables the druggist to manufacture the instrument both with success, and at a cost to the patient which need not be extreme. The expense of the moulds, however, is large, and this is much to be regretted, as few apothecaries feel warranted in procuring them. The Messrs. Metcalf recently showed me a set of moulds of elegant construction, made by Mr. Brady, the material being gun-metal. Each block is capable of turning out from one to two dozen suppositories. The price of the moulds varies from eighteen to thirty-five dollars.

Thirdly, concerning the *Materia Medica* of the subject.

The materials which I have chiefly used in this form of medication, are, firstly, *anodynes*. I have been led to regard gr. j. of morphia, as concerns constitutional effects, in vaginal suppository, as equal approximately to gr. ss of the same in rectal suppository; and either of these doses, thus used, to be about equivalent to gr. 1-4 — 1-5 given by the mouth. I should hardly wish, however, to administer as much as gr. j., unless to antagonize extreme pain, to a patient whose vagina I had not previously explored with the speculum. My experience has done much to confirm, to my own satisfaction, the position of the French therapeutists that atropia or belladonna is, *par excellence*, the anodyne for pelvic pain; and, still farther than this, that in pain confined to the bladder or other parts of the genito-urinary apparatus, hyoscyamus excels. I seldom order sulph. atropiæ at first (for

vaginal suppository) in larger doses than grain 1-90, and very seldom exceed 1-48. My druggist always keeps on hand for me vaginal suppositories for both astringent and emollient effect, which are so made that they can at will be rendered anodyne also. A small bore, from the base of the instrument, communicates with the interior, into which the morphia or atropia can be introduced, and the orifice be then sealed with a small quantity of cocoa butter. My use of *astringents*, in this mode of medication is of course principally confined to the form of vaginal suppository. The most common formula directs gr. x ac. tannic. to q. s. butter of cocoa, the two being mixed as intimately as possible. If this astringent be too harsh, as often it is, I substitute borax. Again, some patients bear alum very well, but are inconvenienced by tannin. As a mildly astringent, a gentle, locally tonic and cleansing agent to the entire vaginal mucous membrane, I regard the borax suppository very valuable and largely applicable. In a few cases in which this was not sufficiently powerful, and in which the other agents mentioned did not well agree, I have used the ext. ratany * with excellent results.

Cathartics are often very conveniently given in the form of rectal suppository. If the patient cannot swallow a pill, the suppository is much to be preferred to the nauseous draught which might otherwise be the alternative; and in occasional cases of constipation, where the upper part of the canal is inactive, and the stomach refuses to receive any more medicine, our present method of medication is the most ready resource. Gr. x of aloes or comp. ext. colocynth, where there is no local contra-indication, will seldom disappoint us, and in extreme cases the mass may be fortified by a fraction of a grain of elaterium.

* Ratany is spelt by its discoverer, Ruiz, the botanist, as here indicated, and not *Rhatany*, as incorrectly given in U. S. Dispensatory, and elsewhere.

A certain condition of amenorrhœa, associated with chronic constipation, would seem most naturally to indicate treatment by the method of rectal suppository, a small quantity of aloes being prescribed daily or on alternate days. Internal hemorrhoids may be greatly helped by means of a rectal suppository, frequently used. Tannin, with or without belladonna, is most readily suggested for this purpose; and in graver cases I have on several occasions obtained very satisfactory results from the employment of Monsel's Styptic, and it may be necessary to add a small quantity of wax to the principal vehicle.

Lastly, the *Therapeutics* of the subject.

There is a condition of atony of the tissues of the vagina, due to a variety of causes, quite common with females, for which I have used astringent suppositories with much satisfaction. The lining membrane has become flaccid, with or without profuse leucorrhœal discharge; and sometimes the neck of the womb appears to be involved, its structure having become congested and swollen, at the same time that it loses its normal renitence, and tends to fall downward and backward upon the inferior floor of the passage. The condition is one of much discomfort and such as, if neglected, may finally lead to serious results. Exploration and an application at the hands of the physician are hardly warranted so long as more simple measures may avail. Here the suppository is used as a final measure of relief; or, perhaps, tentatively and, if insufficient, it may be followed by more positive treatment. This instrument is assuredly no substitute for the actual topical application, with a patient requiring the latter; but the suppository enables her to make a gentle topical application herself, and many a female whose symptoms have long indicated the existence of such a state of things as we describe, and whose accumulating sufferings have at last driven her to submit to the treatment which she has

so long had in dread, might, by recourse to this simple measure in the early history of her case, have been saved much misery, much expense, and perhaps even have escaped what may now have become a partially incurable disease. The condition to which we refer, is quite often met with in nursing women, especially with such as are now and then reduced by the recurrence of a menstrual or hemorrhagic discharge; and is common with females who, in whatever way, have gone beyond their strength in an employment which causes strain to the organs of the pelvis. I have several times, moreover, been called upon to prescribe for a similar state of things in young and unmarried females, and in whom the difficulty had proceeded to such an extent as to demand some local measure of relief. Such may often use a suppository of *rectal* size, conveniently and with great benefit. It is better to resort to this than to an injection, while the former is also more efficacious, and the patient is fortunate if by so simple a device, she may escape direct uterine treatment. Still farther, with those individuals for whom we are statedly making applications to the cervix or womb, we may often find it an advantage to supplement the treatment with an occasional suppository. The patient, e. g., is relieved to that extent, that with the help of this instrument of medication, the "*application*" at our hands is not required so often; or another, but recently dismissed or not wholly cured, is obliged to leave home for a season,—and the box of suppositories, with careful directions concerning use, provides a convenient assistance, always at hand, and may even secure against a relapse, which the travel had otherwise occasioned.

This disorder of the cervix and contiguous parts, which has thus been partially illustrated, is one which has received my attention for several years; and I was interested to observe that Dr. Meadows, in the paper already al-

luded to, has appreciated the same condition, and has often, as he aserts, provided for it successfully by recourse to the means which we are now recommending.

I believe the same measure of medication to be of great value in *miscarriage* or *abortion ;* and called to such a case, it is my rule to provide myself, or to order for the patient, a box of suppositories. Here I mostly use that made from the formula containing tannin, with or without opium. The patient is instructed to resort to them freely, whenever the hemorrhage threatens to become extreme ; if one does not suffice, to use another, and this to any extent that the case requires. I suspect that at least a threefold advantage may be derived from this treatment. The female is saved, frequently, considerable blood, and this may be of great importance. The os uteri and surrounding parts are kept in a condition, through the emollient effect of the butter of cocoa, and the astringent effect of the tannin, in which irritation, ulceration, or actual inflammation and displacement are rendered less liable. In some instances the discharges from the womb are of a very foul and quasi-corrosive nature, and it is desirable to protect the mucous surfaces from their contact. In such case carbolic acid may be incorporated with the suppository. Occasionally a hemorrhage, more or less protracted and profuse, is kept up, apparently by the retention of portions of the membranes within the womb. This may not be suspected until days after the casting off of the principal part of the embryo, and by this time the womb has lost much of its disposition to contract. In this condition I have thought, from repeated experience, that the frequent introduction of astringent suppositories saved much blood to the patient. It may be that the increased firmness of tissue procured about the mouth of the womb, was communicated in a measure to the body of that organ ; and at all events, I am well

satisfied that, by the use of the means advised, the uterus is often prevailed upon to contract and even to throw off what it had previously retained.

Several other occasions for the employment of suppository medication I must pass by, and bring my paper to a close with the mention of but one or two others: the chief of these having to do with *obstetrics*. In attending a case of labor, and particularly in the primipara, I always intend to be provided with a suppository of the rectal form This contains either morphia alone or morphia associated with belladonna; gr.ss of the former to gr.j—jss of the extract of the latter. Without going into detail, there can only be given what are regarded as the results of this measure. I am accustomed to teach my classes that opium, thus employed, if given judiciously, may procure a fourfold advantage. First, it is oxytoxic, either almost immediately, or, more often,—if the woman is wearied and the womb exhausted with previous efforts,—after a short period of rest. Second, it is tonic and restorative. To secure such action, we must avoid narcotic influence; but a half grain of morphia, and sometimes even a grain, is more apt to exert the action of a stimulant; the usual effect of such dose being partially antagonized by the pains and by the efforts of the uterus. Thus our patient is better able to perform the work required of her, and with somewhat less suffering. Third, if it be designed, at a later stage, to administer chloroform, the opiate assists to energize and prolong the anæsthetic influence of that agent. And, fourth, after parturition is accomplished, the female, instead of being *nervous* and excited, begins to experience the full hypnotic effect of the suppository, until now delayed, and is in condition to lapse into a more or less restful sleep. I may add that opium, used in this way, almost never causes any subsequent gastric disturbance. The belladona, when ordered in association with

the morphia, is used, partly for its supposed operation upon the uterus, but principally because morphia, thus combined, works better in every way than when employed alone.

One or two objections to the general use of suppositories may be briefly disposed of. That urged in some quarters, I am confident that I do not need to answer; for, assuredly, no gentleman of this society entertains it with any respect. Yet we are every now and then told that women should not be taught by their physicians to introduce things into their vaginas. The truth is that it devolves upon all of us to teach the woman who consults us, whatever is for her good; and she is in no danger from her medical attendant, unless he is so whimsical as to fear that he shall tell her something which she ought not to know.

The expensiveness of suppositories, even when made on principles of the truest economy, is matter for constant regret. Yet, with one who needs them, it is but short-sighted policy and no saving of cost in the end, to postpone prescribing them, or to substitute other and less efficient means. What the general profession needs is not the elegant and costly moulds of Brady, so much as some other apparatus which shall be equally serviceable and which may be procured at a much smaller charge. He, who should devise an instrument meeting these indications, would be a public benefactor. I have tried various measures, but I know of no real substitute for, particularly, the vaginal suppository; and until it can be generally made and sold for less money, our patients must be taught to submit to the charges as they do to other unavoidable expense. The disposition of some apothecaries to place an exorbitant price upon this instrument, should be ascertained and discountenanced. Let the price for the suppository made for special occasion be

what it fairly may ; but to continue to charge the original price,—perhaps 10—15 cents each—however often the prescription is repeated and whatever the number ordered, is neither reasonable nor in accordance with the custom of trade in other things.

The employment of such varieties of suppository as have been proposed, presents relations to both local and constitutional medication. Of urethral and intra-uterine suppositories—which, I believe, are only used for topical effect—I do not propose to speak ; having no experience with the former and but little with the latter. Whatever value may be asserted of them, they certainly require recourse to the physician quite as much as any other mode of treatment for which they may be substituted ; and therefore do not present the advantage of the rectal and vaginal suppository, which is so often a measure of self-help.

The following are among the formulæ that I have found most useful :—

No. 1.

℞.

Acid. Tannic gr. x
Butyr. Cacao q. s.
ut Suppos. *Vaginal.* ft.

(This is the common astringent suppository, and may have gr. ss or more of morphia added, if desired.)

In the above formula, borax, alum, and ext. ratany are often substituted.

No. 2.

℞.

Atropiæ Sulphat. gr. 1-90 — 1-30.
Butyr. Cacao q. s.
ut Suppos. *Rectal.* ft.

(To which morphia may be added *pro re nata.*)

This is for uterine or pelvic neuralgia, and although to be used as the vaginal suppository, is best made from the rectal mould, to secure increased speediness of action.

No. 3.

℞.

Morphiæ Sulphat. gr. ss.
Butyr. Cacao q. s.
ut Suppos. *Rectal.* ft.

(Ext. belladon. gr. ss — gr. jss may be added.)

This is for use in obstetrics and whatever other conditions, and is generally to be used *per rectum.*

No. 4.

℞.

Acid. Tannic. gr. v.
Ext. Belladon. gr. ss — j.
Butyr. Cacao q. s.
ut Suppos. *Rectal.* ft.

This is for hemorrhoids. A much stronger suppository may be made from Monsel's Styptic (used *ad saturand.*, with gr. ss of morphia). In the latter case, wax or spermaceti may be added to the vehicle in proportion of twelve to twenty per cent.

No. 5.

℞.

Pulv. Aloes gr. viii.
Butyr. Cacao q. s.
ut Suppos. *Rectal.* ft.

For general cathartic purposes comp. ext. colocynth may be substituted. The suppository may be energized by the addition of gr. ss—1-4 of Clutterbuck's elaterium.

EDITORIAL NOTES.

Among the various questions at present exciting the medical world, there is none more important in its practical bearings, or of greater scientific interest, than that of Animal Vaccination, contra-distinguished from the employment of humanized virus, as a complete and permanent safeguard against a scourge, whose frightful character the world had almost seemed to forget. There will be found in the present number of this Journal, the report of a discussion of the subject at a special meeting of the Gynæcological Society, held for the purpose, and to incidental points there mentioned but briefly, or not at all, we would now give a moment's attention.

The medical press of the last few months has teemed with proofs that the old spirit of unreasonable opposition which so distressed poor Jenner is as rife and as active now, as then. It is not exhibited by the physicians who are most competent to form an opinion,—those who, by the study and actual comparison of cases can alone speak from knowledge—but, just as was then the case, the outcry against genuine vaccine comes in greatest measure from theorists merely, who constitute so great a proportion of medical writers, or, it would seem, from those jealous miserables who are always ready from pure maliciousness to oppose everything that promises to benefit the world. In Jenner's time, so large a proportion of every physician's income was from the treatment of small-pox patients, that many thought they could not afford to help extinguish the disease, and in our day it would seem that there are those who cannot bear the idea that a single vaccination should really prove preservative for the whole of a life.

It must be borne in mind that the Vaccine Disease, in

its strictest and only proper sense, does not comprise those cases in which the cow has been artificially inoculated with small-pox, or has been retro-vaccinated, with what was once vaccine but has been spoiled or materially impaired by passing through the human system. Great quantities of the latter sort of virus, a spurious vaccine, are, however, now being distributed all over the country, under a name to which it would seem to have no valid claim. The very words vaccine and virus from kine, convey no intimation to the inexpert, of the fraud that is possible, but of which, we trust that no physician with any sense of honor, or standing in the profession, would intentionally be guilty. Though taken from the cow, if the matter had previously been humanized, this fact should always be distinctly stated. The question is too vital a one to be weighed by the ordinary rules of barter and sale. If the one vaccine is from the typical disease disclosed to the world by Jenner, and the other but a bastard variety, comparatively worthless, then it is high time that the community were advised of the fact, and protected if necessary, by the strong hand of the law.

It will be perceived that the Society voted to direct the attention of the State Board of Health to this question, in the confidence that whatever might have been the preconceived opinion of the individual members of that body, regarding the pure vaccine, they could not longer neglect to institute its investigation, and to decide it by the practical tests that one would have supposed they would have been anxious to have applied long before. There is, indeed, no inquiry that they can make, of more real importance to the community. As Dr. Martin so frankly stated to the Society, if his views are wrong, and the Beaugency virus no better than that from retro-vaccination, then he should be compelled to cease from distributing it, and asserting its claims, as superior. It therefore gives us

pleasure that so soon after this vote of the Society, the President of the State Board of Health, Dr. Bowditch, should have found it convenient, for the first time, to visit Dr. Martin's establishment.

We have been surprised to observe that one of our contemporaries, usually reliable, should, while stepping aside to abuse "the down-east advertising doctor," * have shown himself so unfamiliar with the researches of French observers with reference to the equine disease, whose other name, "horse-pox," seems so amusing to some. Memoirs have been published upon this affection, and results attained, which it would now be well for our Philadelphia friend, in simple fairness, to place before his readers.

While speaking of Animal Vaccination, and incidentally, as we have done, of the gentleman who first introduced into this country, and has since kept up, a reliable supply of genuine cow-pox virus, we must refer to one fact in this connection, about which there has been much angry discussion, though we hope that the worst of it has passed. We allude to the attempt to discipline Dr. Martin before the American Medical Association, on the charge of having aided and abetted irregular practice, by sending an article upon Animal Vaccination, over his signature as Chairman of the Association's Committee, to be published in a homœopathic journal.

What we have now to say, we may state in passing, is entirely without Dr. Martin's knowledge. Feeling, as he is said to do, that he has been deeply wronged, and most likely at the instigation of a personal enemy, he may be vexed with us for referring to the matter at all; but it has become one of general professional interest, and has not, we think, as yet been impartially stated. Dr. Mar-

* Philadelphia Medical and Surgical Reporter, March 2, 1872, page 197.

tin's whole history for a score or more of years, has been identified with the great question of vaccination; it has also been marked by the most open and persistent disapproval of homœopathy and of all similar medical theories. That he has not changed his mind, is evident enough in his remarks that we now publish. Excited by the terrible increase of small-pox, that the last two years has seen,—enthusiastic in his belief that the reliable preventive of it for which the profession, as the outside world, has so long been praying, had at last been obtained,—and urgent to extend to every one the protection all so need, he wrote and sent to be published the article which has caused so much ill feeling. We are confident from what we know of the man, that to have done this for a mere advertisement, or to make friends of the mammon of unrighteousness, would have been the very last thing to have entered his mind.

An attempt was made, as we have said, to severely discipline Dr. Martin, in his absence, at San Francisco. We protested against such gross injustice, and were so far successful as to obtain a partial stay of proceedings, and a reference of the whole matter to the State Medical Society of Massachusetts. Since then, an indignant rebuke of his defamers has been published by Dr. Martin, and there the matter rests; the State Society having all that it can comfortably attend to upon its hands in endeavoring to free itself from the same charge, of abetting irregular practice, to which it has long been far more amenable than ever Dr. Martin.

As to the present position of the State Society, of which we have just been speaking. Seldom has there been so strange a mingling of Holy Writ and of fable,—the dog returning to his vomit, and the swimming of

Æsop's apples,—as was displayed by the Councillors at the last annual meeting. One year before, after careful legal scrutiny, and in accordance with powers conferred by their charter,* the Fellows of the Society in general session, had dissociated themselves by a sweeping vote, from every taint of irregularity in practice, and had thus redeemed themselves from the stigma that had become a by-word in the other States of the Union. All ground for suits at law had been cautiously avoided, by particularizing no individuals, and by calling no names,—and yet the host of offenders, each and all of them, had summarily and completely been removed from the Society. *They were cut*, — to get in again only in case those who still remained Fellows, the regular physicians, were fools enough to permit them.

And now see the childish manœuvres of our friends, the Councillors, whose only motto, it would seem, has been, to rule or to ruin. The Society had at last acted, as it had so long neglected to do, of itself, and without seeking the Councillors' permission or advice. Enraged at this foretaste of the more complete independence that has since been rapidly ripening, the Councillors sent that peppery "Protest" to the American Medical Association, which, containing the statement that the irregulars were still in full standing, and should remain so, although the Society had declared them expelled, was *therefore*,—were there no other reason,—treated by the Association with such contempt. As might have been expected, it is upon this very protest of the Councillors, and its untruthful "admissions," that the irregulars base their present proceedings in the courts of law, and this act of theirs,—in keeping with the previous utter incompetence and uselessness of the Board, of which

* "The *Fellows*," such is the wording, "shall have power to suspend, expel, or disfranchise any Fellow of the Society."

we have already presented such overwhelming evidence, — we stigmatize as a piece of ineffable stupidity.

In the next place, having thus solemnly declared that the offenders referred to, who had been turned out, were still in the Society, and having shown by the most atrocious arguing in a circle, not only this, but that they could not by any possibility be removed, these maladroits seemed suddenly to realize the perils of their own situation. Accustomed to rule the State Society, they had been quietly told to hold their tongues, and important business had been transacted, for the first time for many years, in which they had been allowed to have no part; and then, their past doings having been rebuked by the American Medical Association, the insolent "representation" which they had sent to it had been—not deprecated, but far worse than this, — wholly ignored. Awaking to their danger, now an imminent one, they determined instantly to retrace their steps, and pretend to render, in accordance with the now evident intention of the State Society, implicit obedience to the National Code of Ethics, hoping meanwhile to make some capital by showing that the very thing that they had asserted *could not* legally be done, — namely, expulsion of the irregulars, — could nevertheless be accomplished after all. This they attempted, and we call it a still greater piece of ineffable stupidity than even the first.

And the way in which they attempted it, was the most astonishing marvel of all. A set of snap statutes were contrived, to all interests and purposes ex-post-facto in their character. They offered to the expelled irregulars the privilege of resigning from the Society, which, when asked for in years past, they had denied,—and the offenders laughed at them. They threatened renewed expulsion if they did not resign,—and the offenders laughed still more. They summoned them then, individually and

by name, before a Board of Trial, — and, when met for the purpose of trying them, were themselves served with a legal injunction, and cited by the Sheriff to themselves appear in court. And where was the laugh again? Themselves held up to popular derision, ridiculed in the newspapers, cursed by their own associates, and one of their leaders rendered severely ill from mere chagrin, was there ever a more pitiable set of wretched beggars, than at present, the Board of Councillors of the Massachusetts Medical Society? Deliberately stirring a hornets' nest, they as deliberately sat down thereon, and there they are sitting still. Heaven pity them if it can. Should they eventually succeed in carrying the technical point that has been made, and in expelling their three-score homœopaths one by one, they will have involved themselves, and possibly the Society also, in a labyrinth of legal proceedings of which no man living may see the end. Are we wrong in calling this even a greater piece of ineffable stupidity than both the others combined?

There can be but one other explanation, and this, we find, is believed in by many who have carefully watched the proceedings of the Councillors for the last two years. It is possible,—we do not like to think it true,—that these gentlemen, some of whom have been in the habit of consulting with irregulars upon the ground that they were Fellows of the Massachusetts Medical Society, are after all but playing a shallow game to enable them to retain their disreputable clientage. They may hope that the courts may render the injunction that has been obtained against themselves a perpetual one, and that, in utter disgust at what might then seem the inevitable, those who are striving for better things would have to accept again what they now trust has gone forever. The action that they shall take, through their Committee, upon April 4th, will settle this question. If such be indeed

the Councillors' motive, it is high time to apply the remedy advised by Dr. DeWolf of Northampton, to which we referred last month. "If," said this gentleman, "the authority cannot be had to protect the Society from such wrong, then it had best be broken up, and a new organization formed." *

And thus these Councillors have succeeded in making the Massachusetts Medical Society itself the butt of the community, and, by exciting the cry of individual persecution, have aroused popular sympathy with the irregulars to such an extent, as to divert, during the past year, some hundred thousand dollars, or more, of fees from the pockets of the orthodox Fellows. The lesson has been a costly, but a valuable one. It teaches that the Councillors are as worthless as advisers, as they have been tyrannical as masters. Useless even for ornament, wholly inefficacious as a safeguard, ridiculed by the profession outside of our borders, a source of mortification to the Fellows at large, and now also to themselves, they are simply a millstone about the neck of the State Society. The sooner it is lifted and cast aside, the better for the credit of Massachusetts.

We have received from friends in Philadelphia accounts of the efforts there being made to render the approaching meeting of the American Medical Association both interesting and profitable to those who may attend as delegates, and we are glad to be assured by the junior editor of the "American Journal of the Medical Sciences," Dr. I. Minis Hays, who has been making this city a brief visit, that the statements to which we refer are in no sense exaggerated. The Permanent Secretary of the Association, Dr. Atkinson, has written us of

* See this Journal, March, 1872, p. 237.

the very generous courtesies that have been extended to delegates by railroad managers elsewhere, and we had hoped to be able to state that the roads of Eastern New England were in this respect not one whit behind those of other sections of the country.

We had learned to our disgust, during the past summer, west of the Sierras, what we had in years before had intimations of in many places beyond the Hudson, that the word "Boston" is becoming to be considered a synonyme for excessive and discreditable parsimony. We do not, however, wonder at it when facts like the following have to be put upon record.

Last month it was mentioned that an effort to obtain increased railroad facilities for Eastern delegates would be made by Dr. Warner, the Local Committee of the Association, for Boston. The gentleman has attended to the duty, with the following result. Passengers from Boston for Philadelphia, can go by steamer or by rail. The agents of the only steamboat line received Dr. Warner very civilly, and stated, what is undoubtedly true, that their accommodations were so limited that no additional inducements could be offered to excursionists to go and return by that route; the price of the trip each way (ten dollars, including state-room and meals), being already as low as could possibly repay to the boats the expense.

Among the several rail routes from Boston to New York, there exists an arrangement, defensive perhaps at first, but now certainly offensive, by which, as was stated to Dr. Warner by the officials of the Boston and Albany Road, the Superintendents of the various lines have to be bound by the decision, concerning excursionists, of any one of them. The very courteous Assistant Superintendent of the Albany Road, Mr. Firth, communicated to his immediate superior at Springfield, what was desired

for the delegates to the Association, and received in reply, a peremptory refusal, as will be seen by the note below. * Subsequently it was ascertained from the Superintendent of the Providence Road, that somewhat reduced rates could be obtained upon this and the other lines, by the outright purchase of packages of fifty tickets, this, however, being simply their wholesale tariff, and no act of civility to the Association.

Under these circumstances, we have no hesitation in saying a few words of comment. It is well known that for such short journeys as the present, but few delegates avail themselves of excursionists' tickets, compelling as these do a return by the original route. In years past, the managers of transportation when extending their favors to the great representative body of American physicians, have done so cheerfully, and as though the benefit were in reality conferred upon themselves.

Physicians have it in their power to control, to a much greater degree than would at first be supposed, the courses of travel. Does any one doubt, for instance, that the great trans-continental lines, the Union and Central Pacifics, that were so generous last Spring in their arrangements with the delegates to San Francisco, and so courteous in all their dealings with them, have received in return tenfold the sum, that the full fares of all these excursionists would have amounted to? We intended, long since, to have expressed more fully than we have yet done in this Journal, our own obligations to Messrs. Kimball of Omaha, and Goodman of San Francisco, the Passenger Agents of the roads referred to, both of

"OFFICE OF THE BOSTON AND ALBANY RAILROAD COMPANY.

"*Boston, March* 11, 1872.

"DR. WARNER,

"DEAR SIR: Our Line via Springfield does not see it to be an object to reduce rates for members of the American Medical Association, in behalf of which you made application.

"Very respectfully yours,

"A. FIRTH."

whom did so much for the comfort of delegates. But, on the other hand, when railroad managers, always so excessively ready to oblige delegates to *political* conventions of whatever kind, play the churl, and refuse their courtesies, — not to rich physicians, who as a rule do not care to be under obligations to any one whatever, —but to the poorer brethren, who, with their families, seek their only rest for the year in the few days spent at the Annual Convention, then it becomes time to remind them that there are two sides to this question. It is through these very doctors that they so often seek to hide themselves from those who are seeking redress for injury to life and limb. It is through these very doctors that their blood-money is so often reduced from many thousands of dollars to a few paltry hundreds, and this too, in the face of the clearest evidence of their culpable, and at times wilful carelessness. The roads of which we have been speaking it is true, are powerful corporations, but of late they have happened to have had many accidents, some of them serious. When a Revere disaster shall have again occurred, as possibly there may, some management may have occasion to regret that it looked down, so contemptuously, upon the members of the American Medical Association.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. VI.] MAY, 1872. [No. 5.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

SIXTY-FIFTH REGULAR MEETING, NOVEMBER 21, 1871.

The sixty-fifth regular meeting of the Society was held on November 21, 1871, at Hotel Pelham, the President in the Chair. Present, Drs. Lewis, Warner, Hazelton, Weston, Bixby, Field, Wheeler, Cutter, Blake and H. R. Storer; and, by invitation, Dr. I. T. Hunt of Boston.

The records of the last meeting were read and accepted.

The Secretary read a letter in acknowledgement of his election as Corresponding Member, from Dr. H. P. Stearns of Hartford, Connecticut, and announced the following donation to the Library,—from Dr. Charles C. Lee, of New York, his monograph upon the Diagnosis of Ovarian Tumors from Fibro-cystic Tumors of the Uterus.

A communication was read from Dr. John D. Jackson of Danville, Kentucky, announcing the decease of Dr. J. Taylor Bradford, a distinguished ovariotomist of that State.

A letter was also read from Professor Joseph Jones of

Entered according to act of Congress, in the year 1872, by HORATIO R. STORER, M.D., in the Office of the Librarian of Congress at Washington.

New Orleans, enclosing a communication from Mr. William Sharpey, of London, Secretary of the Royal Society, desiring in its behalf an exchange with the Gynæcological Society, of the respective transactions of the two Societies.

Dr. Storer exhibited a

NON-TEARING VOLSELLUM

he had had constructed in accordance with suggestions made by Dr. Thomas Skinner of Liverpool. The instrument, as commonly made, with two sharp hooks upon each blade, was liable to very serious objections. In the removal of intra-uterine polypi, interstitial fibroids and the like, it would often tear out, and in lifting ovarian tumors the punctures in the cyst wall, made by the points, permitted the fluid contents to escape into the cavity of the abdomen. The volsellum now shown was liable to neither of these objections. There were at the extremity of each blade, three flattened digits, as it were, placed closely together, not sharp enough to readily puncture, and yet capable of taking the firmest hold of the tissues to which they were applied.

Dr. Blake exhibited the uterus and ovaries from a patient afflicted with

REFLEX INSANITY,

and reported the history, under the title of "The wanderings of a case of the same, in search of a proper diagnosis and treatment."

[Dr. Blake's communication was published in the Journal of the Society for January, 1872.]

There had for many years existed at the epigastrium, the condition of "phantom tumor," the patient had gone the rounds of many hospitals in England and this country, and it had been very generally considered that no pelvic disease existed, and that she was to all intents and

purposes, a malingerer. The autopsy, however, conducted by Dr. Bixby at St. Elizabeth's Hospital, revealed sufficient ovarian disease to account for all the symptoms that had been observed.

Dr. Field asked Dr. Blake if he had any hypothesis of his own, to explain the phantom character of the tumor which for so many years had appeared to be present?

Dr. Blake said that he had made inquiries concerning this point, of several young pathologists here, who, from their protracted study in Germany, he supposed would be familiar with the latest and best opinions upon the subject, but they knew no more than himself. Dr. Fitz had presumed that it was probably owing to distention of the colon. He regretted that he had been unable to make, as he had hoped to, a minute examination into the condition of the sympathetic nerve.

Dr. Lewis inquired if the large amount of opium to which the patient had become habituated, had been ordered for the purpose of allaying suffering?

Dr. Blake stated that she seemed to have accustomed herself to it of her own accord.

Dr. Field asked if there had usually, or ever, been evidence of gaseous distention during life?

Dr. Blake replied that the epigastric tumor had generally been tympanitic.

Dr Cutter spoke of a somewhat similar case he had seen operated upon at Philadelphia. Upon incision it was found that no tumor existed.

Dr. Blake having queried with regard to the amount of local disease in the pelvis, required to produce the peculiar mental condition, tendency to suicide, etc., that had existed in the patient,—

Dr. Warner stated that he was satisfied from inspection of the viscera now exhibited, that there was more than sufficient ovarian disease present to account for every symptom that had been manifested.

Dr. Storer thought there could be no doubt upon this point. He had been surprised during the reading of Dr. Blake's paper, that so many gentlemen who had had charge of this patient, and had made local examinations, could have failed to detect the presence of pelvic disease. When she came under his own charge, at St. Elizabeth's Hospital, many months previous to her death, he had examined her with Dr. Warner, and they both had found the uterus enlarged and indurated from chronic endometritis, the tonicity of the inner sphincter destroyed, as is so invariably the case in certain stages, sensitiveness and induration of the tissues above the vaginal roof, and evident downward displacement of one of the ovaries. The autopsy had fully verified all this. He had subsequently shown the patient, in consultation, to the President of the Society, Dr. Lewis, and to Dr. Brown-Séquard, both of whom had recognized the obscurity of the case, as well as its pathological interest. He regretted very much that Dr. Blake had been unable, at the autopsy, to examine the brain and spinal cord, as well as the pelvic viscera. That gentleman had so well reported the history of the patient during life, that it was unfortunate, in view of its importance, that he could not have completed it in every respect.

Dr. Lewis well remembered the very interesting consultation to which Dr. Storer alluded. He had seldom, if ever, seen a patient in whose case cause and effect seemed so manifest, as in the condition of her pelvic viscera, and the mental disturbance.

Dr. Warner remarked that Dr. Storer had referred to the fact of

DOWNWARD DISPLACEMENT OF AN OVARY.

He thought that when the organ was healthy, such a

lesion was of comparatively slight importance, but if it was in any way diseased, the case was very different. It was not necessary that there should be a cyst capable of containing a wash-bowl full of fluid; the slightest deviation from the natural condition, under the circumstances, was sufficient to cause the most extensive reflex disturbance. He instanced a case under his care during the past summer, from Prince Edward's Island. For a long time her mental condition had been such as to seem to render it necessary for her to be taken to a lunatic asylum, and for four years she had been under continuous medical treatment, without benefit. Upon her coming to Boston, Dr. Warner had removed the cumbrous external and internal supports it had previously been thought necessary to employ, and which had greatly aggravated the malady. Upon examination, he had found uterine displacement, and endometritis, but more especially downward displacement of an ovary, which, though but the size of a robin's egg, was exquisitely tender to the touch. He had shown the case to a distinguished surgeon of this vicinity, who failed to recognize the condition, till it was explained to him, but when examined by Dr. Storer, after his return from California, that gentleman at once diagnosticated the case before he had been informed of Dr. Warner's opinion. The patient had returned home, greatly benefited.

Dr. Storer had long been satisfied of the very great importance of the condition now under discussion; especially was this the case when, as in the specimen exhibited, the displaced ovary was bound down in its false position by adhesions. When he had first called attention to it at the Suffolk District Medical Society, and afterwards in print, several years since, few could believe that apparently so slight a lesion could cause such exquisite suffering, and such very serious reflex disturbance. It should

be recollected, however, that the ovary, already in a condition of hyperæsthesia, with inflammation within itself, and contiguous to it, and necessarily made worse by congestive enlargement at every menstrual period, was nipped as it were, by the adhesions, between the uterus and sacrum; unable to escape, it was liable to constant exacerbation of the evil from every exciting cause, however trivial, such as pressure from scybalous masses within the rectum, from the uterus when pressed backwards by the distended bladder, and during coitus. Dr. Storer related a case from Savannah, under his charge conjointly with Dr. Warner, where the condition described had been very marked. At the time when there had existed so much scepticism concerning this lesion, in former years, he had more than once had opportunity of verifying his diagnosis by a subsequent autopsy, and had shown the specimens at society meetings. Of late years, however, the pathologists here had acknowledged the lesion, just as they had to do in the somewhat analogous case of floating kidney.

As to the subject of phantom tumors, concerning which an enquiry had been raised, it had been fully discussed at a previous meeting of the Society.* He would now report, as in strong contrast, in one respect, to the case of Dr. Blake, the history of a patient that had been furnished him by Dr. H. H. Luce of Marion, Mass. It was that of a

PHANTOM TUMOR PERMANENTLY DISPELLED BY A SINGLE INDUCTION OF ANÆSTHESIA.

Dr. Luce had written Dr. Storer during the summer, with reference to performing ovariotomy. The letter was not received by Dr. Storer until his return from California, and, upon acknowledging it, the following notes were sent him by Dr. Luce.

*See this Journal, May 1870, p. 262.

"Your communication of yesterday is at hand. In reply I would say that no operation has been performed upon the lady of whom I spoke, for the simple reason that no tumor existed.

"When I wrote you before, I had only seen the patient a few times, and learning from a physician who had held her under his notice for some four or five years, and who had always advised an operation, that she had an ovarian tumor, in behalf of her friends I sent you the note of inquiry.

"Upon thorough examination, with the patient fully etherized, all appearances of an abdominal tumor disappeared, and the case proved to be simply one of hysteria, though one of those singularly exceptional cases a man seldom sees.

"What is quite remarkable, the phantom has not returned since the anæsthetic was administered, and the lady bids fair to get much better. Although it was somewhat laughable, yet I have learned something from it. One is never to base his diagnosis upon another's opinion."

Dr. Storer considered the case a very interesting and instructive one, and that great credit was due to Dr. Luce for having so faithfully reported it. The conclusion to which he had come, never to base a diagnosis upon another's opinion, was the most important lesson a gynæcologist could ever learn.

Dr. Field reported the following case of

IMPERFORATE HYMEN MISTAKEN FOR ATRESIA VAGINÆ.

About a year ago he was consulted by a gentleman with reference to his daughter, a young lady nineteen years of age, then absent from home at a female seminary.

Her complaint was dysmenorrhœa of aggravated character, from which she had always suffered more or less, since puberty, but which appeared to be steadily growing more severe. His advice was for her to leave school, and return to her home, and then to follow a certain system in which measures of hygiene were the principal points suggested. A month later the young lady called upon him in company with her mother. From the statements of both, it appeared that her general health was excellent, and that she would be regarded entirely well but for her extreme sufferings every month. There was, however, a quite well defined tendency to an hysterical temperament. He prescribed rectal suppositories, calculated to relieve the catamenial pain, and as the general health was so little involved, and the patient was unmarried, waived an examination, and proposed that she should wait several months, and see what time and favorable surroundings might do for her case, and then report again. After this there seemed to herself and her friends to be some improvement. A few months later she accompanied her father on a brief and easy trip to Europe, and it was not until within the past fortnight that he heard from her again. Her father, in reporting the case, believed that she had made some actual gain, but that her menstrual sufferings were still so severe that, as he supposed from Dr. F.'s remarks a year ago, he would probably consider her condition as requiring actual treatment without further delay. Anticipating various difficulties, Dr. Field suggested that Dr. Warner should see his daughter with him; to which he cordially assented. The young lady requested that ether should be administered, and that nothing should be done in way of examination, until she was "sound asleep." Upon the supervention of complete anæsthesia, he requested Dr. Warner to examine the patient. He at once reported a hymen almost imper-

forate, firm and unyielding, and with an orifice so small that it was impossible to introduce more than the extreme end of the index finger. This being ruptured, the womb was found with the os patulous, and presenting a large lateral slit, the fundus being sharply retroflexed, and the entire organ in a state closely analogous to the state of involution after an abortion at three months. In fact, so marked was this analogy, that had they found the hymen no farther developed than it is with many who are unquestionably virgins, they would have felt obliged—notwithstanding the eminent respectability of the family — to make some inquiry respecting the previous history of the patient.

This case suggested to Dr. Field two points of especial interest. *Firstly*, the condition of the uterus in this patient made it evident that this organ may take on a position and a metamorphosis of tissue, through the sole agency of disease, which it was once believed it could only assume through conception and the subsequent casting of the embryo.

He had already remarked upon the limited extent to which the general health was involved. It was true, as already said, that the patient was sometimes hysterical; and it should be added that her complexion was hardly consonant with perfect health, and that her face at times wore the expression of those who have been long accustomed to the endurance of severe pain. Notwithstanding this, she regarded herself as well; and her entire family considered her health as excellent, except, as they expressed it, that she was "sick every month." From which considerations he was led to remark

Secondly, upon the resources which, in the young and otherwise sound, the constitution or general system often possesses in the way of antagonizing the influence of even extreme uterine disease. And, again, that it was not safe, because a young lady is otherwise in good health, to

disregard the immediate admonitions presented by the signs of uterine disorder, and, at the same time, as he had done a year ago, postpone investigation into the actual claims of the case.

Dr. Warner remarked that there were several points of great interest in the case, to one of which he would call especial attention. It was that there existed the

FISSURED VIRGINAL OS,

to which attention had been called at a former meeting of the Society.* In this case no doubt whatsoever could exist as to the virginity of the patient; the ostium vaginæ was all but perfectly impervious, and yet the os uteri presented the appearance generally supposed pathognomonic of a previous abortion. He had now repeatedly seen this condition accompanying chronic endometritis in those who had never been pregnant. One very marked case had been related to the Society, that he had seen with Dr. Storer, where that gentleman had been very certain that nothing but an abortion could have produced the physical signs that were present, and he had himself at first entertained the same opinion. They had both, however, since then, become convinced that they must have been mistaken. The patient, whom Dr. Wheeler would remember very well, had been under the charge of one of the older surgeons connected with the Massachusetts Hospital. His diagnosis had been of spinal irritation. Dr. Storer had made a partial examination at his office, but finding intense vaginismus, had subsequently anæsthetized the lady at her home, with Dr. Warner's assistance, with the result of discovering a patulous vulva and vagina, and apparently as fissured an os as is usual after a labor. There was withal a certain measure

* See this Journal, April, 1870, p. 218.

of subinvolution, and it seemed as though an abortion must have occurred. And yet, as he had said, in the light of further experience, with cases like that now reported by Dr. Field, they had both felt compelled to change their opinion.

Dr. Storer read a note that he had received from Dr. McCollester of Ayer, concerning the patient at Shirley, whose case had been reported at the last meeting, where he had performed

PARTIAL EXCISION OF A LARGE, ADHERENT, OVARIAN CYST.

The letter was dated November 3, a fortnight subsequent to the operation, and so far from dying, as some might have predicted, the patient was rapidly convalescing. "You will rejoice," wrote Dr. McCollester, "to learn that our patient is to all appearances doing well. There have been no unfavorable symptoms. There was vomiting very slight for the space of twelve hours after the operation; none since. The incision healed by first intention. I did not, however, remove the sutures until the expiration of ten days. No trouble in the removal. I keep the tent in constantly. The discharge was somewhat offensive for a few days, but I injected into the cavity a weak solution of carbolic acid, with very beneficial result. The method adopted was to introduce a female catheter, then fit the syringe and inject in until the returned liquid issued clear. Her tongue is clear. Pulse has never been higher than one hundred, usually about eighty. The discharge amounts to about two ounces daily; is not so red as at first, and is assuming the appearance of healthy pus. In short, I am unable to discover a single unfavorable circumstance. I stayed in the house five nights succeeding the operation. I dress the wound personally every day."

Dr. Storer also reported the convalescence of the case of ovariotomy at Chelsea, the cyst of which had been exhibited at the last meeting. The patient was now past all danger.

A communication was presented from Dr. J. Stockton Hough, of Philadelphia, describing certain new gynæcological instruments of his invention.

[Dr. Hough's paper was published in the Journal of the Society for January, 1872.]

Dr. Storer exhibited a photograph illustrative of the physique of Indian females he had seen in Utah.

Dr. Storer presented the third chapter of his Outline History of American Gynæcology.

[Dr. Storer's communication was published in the Journal of the Society for December, 1871.]

Dr. Warner, from the committee appointed to prepare an expression of sympathy upon the part of the Society, with those of its members, resident at Chicago, who had suffered from the late fire, presented the following resolutions, which were unanimously adopted.

Resolved. That through the great Chicago disaster, the Gynæcological Society of Boston has experienced a peculiar and personal sense of suffering, directly interested as it is in the welfare of so many physicians of that city, who are affiliated with it as associated members.

Resolved. That the Society tenders to these gentlemen its cordial sympathy in the severe trial with which they have been afflicted, and its trust that they may have a future prosperity commensurate with their present distress.

Resolved. That to the gynæcologists of Chicago, much of the now rapid progress of the science in America is justly due, and that the Society presents them its respectful thanks for their labors in behalf of the common welfare.*

* The above resolutions were sent to the editor of the Chicago Medical Examiner, Dr. N. S. Davis, with the request that they might be published in an early number of that Journal.

Dr. Hazelton, chairman of the committee appointed to ascertain if the duties of

CORONERS IN MASSACHUSETTS

were properly performed, submitted the following report:

"The Committee appointed to investigate into the inquest held upon Dolly Ingersoll, held in this city during the last week of April last, respectfully beg leave to present the following report.

"Your Committee, in a written application to the Clerk of the Superior Court, hereunto appended,* requested to see all the papers in the above mentioned case, returned to the Court, and found

"First:—That only the summons, report of the autopsy, and the verdict had been returned, and that the whole of the testimony was wanting.

"Second:—That these papers were returned June 15, 1871, over thirty days after the inquest had been held, an infringement of the law, which requires a coroner to return the papers within thirty days.

"Third:—That the envelope containing the papers, was countersigned by a clerk, pro tempore, who had never been present during the inquest.

"Fourth:—That the autopsy was imperfectly, or, rather, improperly conducted, as the brain and kidneys

* "BOSTON, OCTOBER 4, 1871.

"*To the Clerk of the Superior Court, Criminal Session.*

"SIR: We the undersigned respectfully request to see all the papers relating to the coroner's inquest in the Dolly Ingersoll case, held about May 1, 1871.

"ISAAC H. HAZELTON, M. D.
"EDWARD H. WESTON, M. D."

Upon finding that the pile of papers was imperfect, the following letter was sent to the Clerk of the Court.

"SIR: The testimony in the above named case is not among the papers. We would respectfully call for it.

"ISAAC H. HAZELTON, M. D.
"EDWARD H. WESTON, M. D."

The following answer was now returned.

"GENTLEMEN: You have seen all the papers returned to this office by the Coroner in the case you mentioned, and you have observed correctly that the testimony is not among them.

"CHARLES W. STOREY,
"*Clerk Superior Court for Criminal Business.*"

[Seal of Court.]

were not examined; the contents of the stomach were not analyzed, nor was there any microscopic examination of the heart and liver.

"1st. Your Committee would respectfully recommend that these facts should be represented to His Excellency the Governor, and the Honorable Council, in order that the coroner in the above mentioned case, may be suspended from duty until he has complied with the requisitions of the law.

"2d. That so flagrant violation of the rules which ought to govern those who are called upon to investigate the circumstances which caused a given death, demands such action on the part of the profession, and the public, that a repetition will be impossible.

"Thus far your Committee are unanimous in opinion.

"Two of its members, moreover, Dr. Weston dissenting from them, believe that the causes of science, justice and humanity would be much advanced by the abolition of the office of coroner, and that in its place, a Court of Inquest, composed of one or more legal gentlemen, should examine into all the cases which now come before coroners. An expert of known scientific attainments, should be appointed, who should make every post-mortem examination that comes before this court.

"If the present system is to continue, none but those mentally and morally qualified should be appointed.

"All of which is respectfully submitted,

"Isaac H. Hazelton, Edward H. Weston, George P. Greeley, Committee."

Upon motion, the report was accepted.

Pending the discussion upon its adoption, the Secretary read a letter upon the subject from Dr. Pinkham of Lynn, Corresponding Member, and a Coroner of Essex County, calling attention to some of the difficulties at present exist-

ing in reference to this subject. A vote then being taken upon the adoption of the report as a whole, it was decided to divide its recommendations, and to act upon them separately. This being done, so much of the report as refers to the Dolly Ingersoll case was unanimously adopted. The remainder, with reference to the general subject of the office of coroner, was laid upon the table, several members being of opinion that it would be better at first to purify the office as at present existing, by the ejection of all unworthy occupants, and the appointment to it of no one save properly qualified physicians.

Upon motion, it was decided to recommit this question to the same committee, increased by two additional members, Drs. Pinkham and Field, to report at the next meeting.

Upon motion of Dr. Wheeler, seconded by Dr. Hazelton, Dr. Storer was requested to reprint for general circulation his "Golden Rules for the Treatment of Ovarian Disease," presented two years since to the Society, and published in its Journal. *

Adjourned.

ON THE DISEASES AND FUNCTIONAL DISORDERS OF THE SEXUAL ORGANS IN WOMEN, AS AN EXCITING CAUSE OF INSANITY.†

By Prof. Fordyce Barker, New York City.

(Communicated to the Society April 16, 1872.*)*

Your text-books on Midwifery and the diseases of women fully treat of insanity as developed by pregnancy, parturition and lactation, but they make but slight reference to the influence of the sexual organs in bringing out this calamity under other conditions. I therefore take the

* See this Journal, December, 1869, p. 338.

† From a Clinical lecture, delivered at Bellevue Hospital.

present occasion to call your attention to this subject, as every one of you will probably meet with more or less of such cases in your practice. The influence of the female organs of reproduction in developing insanity is well understood by alienists, and has been fully discussed by writers on mental diseases, as Griesinger, Maudsley, Skae, Tuke, Bucknill and others. Little, however, has been written on the subject by Gynæcologists, with two notable exceptions. Dr. Horatio R. Storer of Boston made a very suggestive and able report to the American Medical Association, on the causation and treatment of reflex insanity,* and Professor Louis Mayer of Berlin published in the transactions of the Obstetrical Society of that city an elaborate paper,† on the relations of the female sexual organs to mental diseases.

Now there are certain elementary facts in regard to this subject which are recognized and understood by every observing physician, and my statement of these points will, I am sure, be accepted by the whole profession.

With the development of the functions of the reproductive organs there is a corresponding development of the nervous susceptibilities and sensibilities, the emotions and passions are largely extended, the imagination becomes lively, the intellectual powers more vigorous, and in fact a wonderful change takes place in the whole moral and mental organization. But if at the period of puberty, these organs are undeveloped, and their functions are not established, the woman is imperfectly formed, her intellectual and moral growth is blighted, and her general appearance and character is languid and unhealthy. To become a complete woman, she requires those great changes in the nutritive, circulating and nervous systems,

* Since published in a separate volume. Lee & Shepard, Boston, 1871.

† Translated by George H. Bixby, with notes by Horatio R. Storer, and now being published in the Journal of the Gynæcological Society of Boston.

which constitute puberty. Furthermore, in most women during menstruation, there is a marked change in the temper and disposition. Little things worry and annoy them, they are capricious, irritable and jealous, and in some, these traits are so conspicuous as to really amount to disease. All moral causes act more powerfully at these times, and many who are well during the intervals, at the menstrual periods are sad, melancholy, hysterical, with curious moral perversions, which are very striking. It would seem that the functions of ovulation and menstruation so tax the vital powers in some, as to disturb the cerebral functions. Now, appreciating these phenomena which are physiological in most women, you will be prepared to believe that a pathological condition of these organs, and an impairment or arrest of their functions, may be a cause of great disturbance of the circulating and nervous systems, and may result in absolute derangement of the cerebral functions. Although these are scarcely referred to by the systematic writers on female diseases, yet every one who has had much clinical experience in these diseases must have seen their results more or less frequently. Every Insane Hospital probably contains more or less of such cases, and the special writers on mental diseases furnish numerous illustrations of this fact. Dr. Skae, who has charge of one of the largest Insane asylums of Scotland and who ranks very highly as a writer on Insanity, would make a special class of those cases of insanity which occur at puberty, and depend apparently upon the changes affecting the circulation and nervous system by the development or failure of development of the functions of the sexual organs. He believes that the insanity then occurring presents certain characteristic features most commonly manifesting themselves in the form of mania, sometimes accompanied by epileptic fits. In Maudsley's work on the Physiology

and Pathology of the Mind, he says that M. Aran investigated the histories of seven cases of melancholia, with suicidal tendencies, and one case of simple melancholia with dangerous tendencies, and one case of hystero-mania, and found there were granulations of the neck of the uterus in five cases. There was anteversion of the uterus, with congestion of its neck and ulceration of the inferior lip in one case, and there was painful engorgement of it with leucorrhœa in another. In short, I may say that the number of cases of insanity which arise from diseases of the sexual organs in females, such as dysmen orrhœa, amenorrhœa, menorrhagia, uterine and ovarian displacements, inflammation and other organic affections of these organs, the new relations, mental and physical, resulting from marriage, and by the change of life, which are found scattered through medical literature, and which have been reported by trustworthy and competent authorities, will, I am sure, greatly astonish those who have paid little attention to this matter. Indeed, I may say that the importance of this subject seems to be very little appreciated by the profession generally, and that in many instances, the happiness of the sufferer and of her family and the misfortune of even a temporary residence in an Insane Hospital, may turn on the knowledge of these facts by the family physician. The proof that the insanity is due to some disturbance or disease of the sexual organs, is demonstrated by the fact that the insanity disappears when the local disorder is cured. No fact in medicine has more authentic evidence to verify it than this. Griesinger, in his remarkable work on Mental Diseases, speaks in severe terms of the truly childish delicacy which exists at the present time among asylum physicians in regard to vaginal examinations and the use of the speculum, and quotes from other writers and from his own practice, cases of recovery from insanity by means of local

treatment of the genital organs. Perhaps you will be more impressed by my personal clinical experience than by my reference to authors. I shall, therefore, exemplify these points by a brief detail of some of the cases which I have seen.

Of cases of insanity which were induced by amenorrhœa,—(I say so because the cure of the amenorrhœa was followed by an entire disappearance of the insanity),—I have seen two. A lady of remarkable beauty, first began to menstruate at seventeen, the periods never lasting over two days, with a very scanty discharge, and attended with very great pain. She married at twenty. A few months after marriage, each menstrual period was characterized by a kind of hysterical mania, as I should judge from the description of the attacks, as given to me. Twenty months after marriage the menstrual discharge entirely ceased, and she was supposed to be pregnant. She suffered from gastric irritability, became very stout, and complained of almost constant headache and nausea, and the monthly exacerbations of mania continued with increasing violence. Her whole character seemed to be transformed. She had been remarkable for her sweetness of temper, her thoughtfulness for others, and her kindness to her servants, and her efforts to please all who came in contact with her. She now conceived the most violent aversion to those whom she had formerly most loved, her husband included. No servant could be induced to stay with her but a short time, and at times she would give way to a violence of conduct which threatened danger to those near. She was constantly repeating stories of the insults and improper advances made to her, of the most unpardonable injuries she had suffered from the alleged culprits, who were frequently those friends who best loved her, and who had much to forgive. At the supposed fifth month of pregnancy she was placed under

my care. The monthly exacerbations of her mental disturbance, in connection with the antecedent history of her case, made me suspicious of the reality of the pregnancy, and after some time, with considerable difficulty, I obtained a vaginal examination. I found an undeveloped uterus. The vaginal cervix felt like a small nipple projecting into the vagina; and examining by the rectum, I felt convinced that the whole uterus was not larger than the first phalanx of my little finger. The region of both ovaries was very sensitive to pressure, and this was the only pain that she complained of from the examination. As this was just at the beginning of the monthly exacerbations, I at once had twelve ounces of blood taken by wet cups, applied over the lowest part of the back. The usual symptoms were greatly mitigated, and her headache quite relieved by the cupping. Then I commenced the daily use of metallic bougies in the uterus, until the cavity of the uterus was sufficiently enlarged to contain a very small compressed sponge. The cupping was repeated at the two succeeding monthly periods. The uterus notably increased in size, and at the fourth period after I commenced treatment, menstruation came on two days before it was anticipated, was very abundant, and for the first time in her life, the discharge continued without pain for five days. She now became quite herself, her temper resumed its former sweetness, and all moral and intellectual perversion disappeared. A few months after she became pregnant. Her accouchement was normal and happy, but lactation, which was a very active function in her, was developed with a severe attack of acute mania, which lasted however, only four days. Now my theory of this case is this. The ovarian functions were highly developed and very active. The undeveloped uterus did not permit the relief of the physiological congestions which accompany ovulation, and

hyperæmia of the brain with a disturbance of its functions resulted.

Contrast this case with the following. A young lady, twenty years of age, was abruptly told that the gentleman to whom she was engaged, had been killed in the battle of the Wilderness. I may interrupt my history by mentioning that although he was severely wounded, and his death was reported in the papers, he is now her husband. On hearing the news she fell unconscious upon the floor. When she came out of the swoon, hysterical delirum came on with manifestations of great pain in the lower part of the abdomen. She was menstruating at the time, and this was suddenly arrested. In a few days she changed from a state of loquacious delirium to one of taciturn melancholy, except for two or three days each month, when she would talk very loudly, rapidly and incoherently, interrupted only by violent weeping. But there was no menstruation. When I saw her five months afterwards, her appearance was very repulsive. Her face was covered with acne, and with the marks that she had made with her finger nails. She would answer no questions, except by an occasional monosyllable, and her constant occupation was, tearing the sleeves of her dress. She was emaciated, and very anœmic, although she was said to take as much food daily as when in full health. Her breath was singularly offensive, so much so as to strike me forcibly, and to lead me unfortunately to ask her mother "if there was not a dead rat or mouse in the wall of the house?" Her distressed look reproached me, as she answered, "It is my daughter's breath which you notice." I had been called in by the attending physician with the belief that I would impress upon the parents the importance of sending her to an asylum, and join with him in signing the necessary paper. He felt this to be of the greatest importance, as

the mother's health was fast breaking down. But I soon saw that such a suggestion would not be listened to. She had been under a full tonic treatment, and I could only propose some change in the details, viz., the chlorate of potassa, tincture of the muriate of iron, and strychnia, in the place of the other tonics, which she had been taking. A few days after I saw her again, and this was the time of her monthly exacerbation. It appeared to me that there were some erotic manifestations in her features and movements, and as her physician thought that he had observed the same at these times, I proposed to him that we should make a speculum examination. She was, therefore, anæsthetized by chloroform, and with some difficulty I made a thorough digital examination, and introduced a small speculum. The cervix was large and very congested, and the os was filled with a tenacious plug of mucus. When this was removed, I applied the solid nitrate of silver over the surface of the vaginal cervix, and then passed it as far as possible into the canal, when about half an inch broke off, remaining in the canal. I passed through the speculum a pledget of cotton batting, saturated with salt water, and pressing it with the forceps against the cervix, withdrew the speculum. The next day the menstrual discharge came on freely, and continued six days. In the following three weeks, I applied the nitrate of silver twice. From this time menstruation was normal. Her mental condition began to improve in the most manifest and striking manner, and in six weeks from the time of the first application, she was perfectly restored. It is a curious circumstance that she saw her betrothed for the first time, just as the third menstrual period after her recovery was ending. This interview was followed by a severe uterine hemorrhage. I was called to see her in the night, and was obliged to tampon. Now, although she was at least two months recovering from the

anæmia induced by the hemorrhage, there was not the slighest intellectual disturbance.

A third case differs essentially in its result from either of those mentioned. In October, 1856, I visited a young lady of twenty-two, in consultation, and from her physician learned the following history of her case. She had begun to menstruate at fifteen, but the periods had never been exactly regular as to their recurrence; the discharge was always very scanty, and never continued more than two days. Without any known cause, or a notable change in her general health, menstruation ceased altogether five months before I saw her. The symptoms of general ill health were not very marked, she complained of nothing, but for three or four months, a change had been gradually taking place in her character. She had lost all interest in former pursuits and pleasures, given up her music of which she had been passionately fond, had become morose and irritable, would sit all day silent, listless and idle, she had given up all intercourse with former intimate friends, and for some weeks she had greatly distressed her parents by refusing to be present at family prayers, or attend church. Two weeks before I saw her, she informed her mother that she had broken off her marriage engagement, and her mother, a hard, religious woman who insisted that her family should always act in accordance with her stern sense of duty, had bitterly reproached her, telling her that she regarded her, as wicked for breaking her marriage engagement as though she had broken her marriage vows, as the heart, she said, was the same in both. Since this conversation, she had persistently refused to speak to or in any way notice her mother. When I was requested to see her, I was emphatically informed that I must not suggest any local examination, as her mother would not permit her daughter to submit to such a thing. Of course, the consultation had

no practical result. Three mornings after I saw her she was found dead in her bed. To prevent a coroner's inquest, her parents had consented that a post-mortem examination should be made if only two were present, and her physician requested me to assist him. At the appointed time, as I was engaged with an obstetric case, I asked the late Dr. David Conant to take my place, and he was certainly as competent a man as we had in the profession to make such an examination. The autopsy absolutely revealed nothing to explain the cause of death. The only points of interest that it revealed were, that the evidences of intact virginity were conclusive. The ovaries were normal as to size and structure, but somewhat congested, and on one was the most marked and beautiful specimen of recently ruptured Graafian vesicle that I have ever seen, while the uterus was less than half the size of the normal virgin uterus. Its cavity did not contain one drop of blood, but its lining membrane had numerous points of ecchymosis. The day after the burial of the poor girl, an old servant of the family, who had been her wet-nurse in infancy, called upon me and with a mysterious air, drew from her pocket a half-ounce phial, and asked if I supposed that this, which she had found empty under her pillow, had anything to do with her death. I advised her not to mention the circumstance to any living being, but to leave the phial. From the druggist whose name was on the phial, I found that it had been sold a few days before to one of our leading dentists. On calling upon him to make inquiry, he was very much surprised that such a phial was missing from some shelves where he had placed it, and it had never been opened by him.

He consented to allow me to look at his list of patients for the last few days, without giving him any reason for my request, and I found that this poor girl had been there the day before her death. Is there one of you who

would feel any hesitation in assigning a cause for the suicidal insanity in this poor girl. I subsequently asked the attending physician how he made out the burial certificate. His reply was that as the autopsy utterly failed to explain the cause of death, he had supposed it must have been due to spasm of the heart, so he had assigned angina pectoris as the cause of death. I did not consider it necessary to make any comment on his reply.

I have seen two cases in which insanity seemed to result from menorrhagia, probably inducing anæmia of the brain. The mental derangement disappeared when the menorrhagia was cured, and the anæmic condition was overcome.

But one case of insanity from uterine displacement has come under my observation, and this was so peculiar that I will give you the history of the case. I was called one evening to see a lady about thirty years of age, the mother of two children, the youngest being about two years of age. She was suffering from a most intense headache and throbbing, especially ascribing these sensations to the base of the brain. Her countenance was very much flushed, the conjunctiva highly injected, and her manner of speaking, jerky, and quite unnatural. For some days she had suffered from pain in the region of the sacrum, which seemed gradually to extend up the whole length of the spine, until it culminated in this intense throbbing pain at the back of the head. From these and some other symptoms, I was led to make a vaginal examination, when I found the uterus extremely retroverted, and enlarged to about twice the normal size of the unimpregnated organ. I replaced the organ, and in a very few moments she declared that all pain in her head and back had disappeared. I should mention that she had a very broad, capacious pelvis. I visited her two days afterwards, when she said that she was perfectly well. I found on making

an examination, that the uterus was quite in place, and to my great surprise it was apparently not more than half the size that I had found it two evenings before. I suggested no treatment, as there seemed to be no indications for any. In the course of the following three months I was several times sent for to replace the organ, the symptoms being the same, though much less in degree than those which had been manifested when I was first called.

It was very remarkable how congested the organ would become when it was retroverted, and how rapidly it would resume its normal size, after it was replaced. Her husband a very able lawyer, declared that he could always tell when the organ was displaced, by the fulness, redness, and expression of her face. I proposed what I very rarely make use of, to introduce a pessary, but it was objected to. One evening, after an absence of four days from the city, I found an urgent call to visit her. Her husband also had been at Albany the same length of time as I had been away. From the mother, who lived with her, I learned that she had been suffering for three or four days with pain in the back and head, and what was never before seen in her, she had been excessively irritable and ill tempered.

That morning, she, whose sweet affectionate nature had always been remarkable, had beaten her little girl most cruelly. After doing this she had spoken to no one, would answer no questions, and about one o'clock she undressed and went to bed. Some hour or two after, when her mother went into the room, and spoke to her, she replied by spitting at her, and from this time she had kept up an incessant spitting on her night dress, the sheets and pillows, and particularly at the face of any one who spoke to her. When her husband returned, and attempted to greet her with a kiss, as was his wont, she not only spit in his face, but violently seized his

hair, and it was with a great deal of difficulty that her hands were detached. On my entering the room her spitting was furiously directed towards me. I found the uterus retroverted, and if I may use the expression, packed down, so that it required some force to replace it. As soon as this was done, she loudly ejaculated, with a kind of satisfied grunt, "there now!" and at once ceased spitting, and became perfectly quiet, and before I left the room she fell asleep. On visiting her the next morning I was surprised to see her sitting at the breakfast table, smiling and happy. She made no allusion to her disturbed condition of the past four days, nor did I, but I told her that I had decided that she must wear an instrument, and after the trial of several, I finally adjusted a Hodge pessary.

She wore this nearly a year; in fact, until she was three months advanced in pregnancy. It is now six years, and there has been no recurrence of the displacement or mental trouble.

But to pass on to other points. I have seen several instances where the insanity was principally manifested by sexual hallucinations, in connection with uterine and ovarian disease. This is said by alienists to be *par excellence* the insanity of old maids. At the change of life, the milder forms of monomania, manifested by religious depression, remorse, exaggerated apprehensions of disease, or of poverty, are, in my experience, not uncommon. In two cases, the return of menstruation at intervals of two, three or four months, was ushered in by attacks of acute mania, characterized by overwhelming terror and fright. This condition lasted only a day or two, when the patients relapsed into their former condition of quiet gloom and indifference as regards everything pertaining to their own interests, or those of their family.

In one, a lady of high social position, refinement, and strong religious feelings, there was for a period of three years, an excessive indulgence in alcoholic drinks. The quantity she would take, and got by all sorts of means, was absolutely enormous. But after the climacteric period was passed, she entirely and voluntarily gave up these habits, and she has for some years been in perfect health, physically and mentally.

In but one case within my professional experience, has the insanity which was developed at the climacteric remained permanent, and in this case the hereditary tendencies were most undoubted. Her father and grandfather both committed suicide; her parents were first cousins, and she had an epileptic sister.

But, perhaps, the most pitiable condition under which insanity is developed as a reflex irritation of the brain from disease in the functions of the sexual organs, is that which immediately follows marriage. I have known seven cases of this kind; in two of these death occurred within eighteen months, the insanity becoming complete dementia. The other five entirely recovered, and are now happy wives, as far as I can judge. One was insane for nine months. She was in an asylum, and voluntarily remained three months after her recovery, to be sure that it was permanent. It is now seven years since, and she still speaks in the warmest terms of gratitude and affection of Dr. Tyler, of the McLean asylum in Massachusetts, where she was treated. I should not omit to state that I have attended three of these patients during confinement, and I watched with great anxiety for some manifestations of puerperal mania, but neither of them exhibited the slightest tendency to it. One of these cases was so singular, that I will briefly relate it to you. On the night of her marriage, when the husband entered his chamber, he found his bride in her

night-dress, kneeling by the bed. She at once arose, and throwing her arms around his neck, and weeping bitterly, she said that she had a confession to make. She had had relations with another gentleman, and she was now *enciente,* and felt the motions of the child. Of course the marriage was not consummated. The next day she was returned to her father's house. She told her story so calmly, and with such detail, that it was fully believed by her parents, and no insanity was suspected by any one. The case was most judiciously concealed from the world, no whisper of it going beyond a very small number of her immediate family. She lived entirely secluded in an upper room of her father's house, passing her time in religious exercises, reading religious books, and in making baby clothes. Four months after her marriage, I was engaged to attend her in her confinement.

Some anomalous symptoms led me to insist upon an examination, which I did, after placing her under chloroform, and found the evidence, conclusive that she was anatomically as much a virgin as on the day of her birth.

The abdomen was as large from tympanites as it should be at the full term of gestation. This disappeared in a great measure while she was under the influence of the chloroform, but the enlargement returned as soon as she came out from under the effect of the anæsthetic.

Her hallucination continued for two months longer, when she got double pneumonia from obstinately refusing to have a fire in her room, and for some days I thought there was no chance of her recovery. During this illness the tympanites entirely disappeared, and the abdomen remained very flat. When she recovered from the low delirium which had continued for some days of her illness, her delusion was gone. She spoke of it with great freedom, remembered every incident of her marriage, and the revelation she had made, and then said that she never

in her life had spoken to the gentleman, a married man, whom she had believed to have impregnated her. I afterwards ascertained that he did not even know her by sight.

I wrote a statement of the case to her husband, who was in Europe, and, some months after her recovery, she with her father and mother went abroad to join him. She has now three children, one born in Europe, and two in this city.*

I must not conclude without a caution to you not to accept without other proof, the manifestation of sexual feelings, as evidence of disease of the sexual organs in the insane. These manifestations have undoubtedly often a centric origin, and are the reflex phenomena of the disturbance of the brain. In remembering the influence of the organs of the body upon the mind, we should also remember the influence of the mind on the body.

CONTRIBUTIONS TO UTERINE THERAPEUTICS.

By John P. Mettauer, Prince Edward C. H., Va.

[*Communicated to the Society, and read Feb.* 6, 1872.]

In no department of medicine are reports of interesting cases, successfully treated, of more value than in affections of the uterus and its appendages. The diseases of the uterine system are, in many instances, exceedingly obscure, and, perhaps, more discrepancies of opinion and errors in diagnosis have occurred among gynæcologists, in the investigations of those diseases, than with any other practitioners of medicine. The truth

*Since the delivery of this lecture, November, 1870, two other cases of insanity developed by marriage, have come under the observation of the lecturer, one of which, from the social position of the married parties, from most injudicious management, and from other unfortunate circumstances, has given rise to great scandal. It is a curious fact that while personal afflictions, such as loss of fortune, or of friends by death, or severe illness, call forth the deepest sympathies from the hearts of other women, yet insanity often fails to excite these emotions, but only leads to reckless gossip, and cruel aspersion.—F. B.

is, the profession is comparatively ignorant of uterine diseases; and all engaged in the investigation as well as the treatment of them, readily, not to say eagerly, seize upon every innovation bearing upon their nature and treatment.

The writer proposes to report through this paper, cases of uterine disease treated by him with successful results, which were exceedingly interesting, not to say somewhat anomalous.

Case I.—Miss E. H., aet. twenty, of a well-developed person, was comparatively healthy before puberty, and until her seventeenth year, when her catamenia became irregular, both as to period and duration, sometimes anticipating, and then again postponing a few days. Now and then a period passed by without the flow. In this manner things went on until her eighteenth year, at which time her health had perceptibly deteriorated, as manifested by pallor of the countenance, some emaciation, loss of appetite, impaired digestion, constipation, and marked debility. Notwithstanding her impaired general health, the spirits of the young lady were very good, and she mingled quite freely in the society of her friends and acquaintance. In her nineteenth year, about eighteen months before the writer was consulted, the catamenial periods began to recur, after intervals which progressively became shorter and shorter, until a continuous flow was established; and in this condition the young lady was placed under his care for professional treatment, greatly enfeebled and impaired in health.

The foregoing history was furnished by the intelligent young lady; and though comparatively little bodily suffering had been experienced by her, the mental disquiet at times bordered on almost torture. The history left not a doubt that the case was uterine, and a vaginal examina-

tion disclosed the existence of anteversion and slight flexion, engorgement in moderate degree, morbid sensibility of the organ as far as it could be reached, slight elongation and enlargement of the cervix, and dislocation of the os and canals, with slight ulceration of the former. The flux was also present, but moderately, and latterly the usual pains of the back, hips, groins, thighs and legs, which are so common in uterine diseases, had been complained of in some degree.

The sound, to test the extent of displacement, and to restore the uterus to its normal position, was the first remedial means employed, and its employment readily replaced the organ, and with less pain than might have been expected. For four times, on alternate days, the sound was re-applied, after which the uterus seemed to retain its proper position. The nitrate of silver was now used to the ulcerated os, and repeated after intervals of five days for three times. For a week all local treatment was withheld, so as to allow time to determine whether the flux would abate, as there was some ground to suspect it depended on the displacement and ulcerated os. At the expiration of the week the flow had rather increased, and as the young lady had already lost ground, and was becoming daily more desponding, it was determined to make trial of chromic acid as an intra-uterine remedy. Accordingly, four grains were dissolved in an ounce of water, and that quantity was injected into the cavity of the uterus with a small elastic gum-bag, and silver catheter curved after the manner of a uterine sound. The injection, after being retained two minutes, was discharged through the catheter, which had been suffered to remain. Considerable pain was caused, but less than was expected, and, altogether, the operation was by no means a fearful one. In four or five hours the young lady expressed herself as comparatively easy. The next

morning, after a tolerably quiet night, very slight uterine uneasiness was complained of, and the flux had greatly abated. From day to day, for nearly a week, the hemorrhage seemed to moderate, and almost to disappear sometimes, but never entirely ceased. Fearing to trust the cure any longer to the operation which had been performed, especially as the flow had ceased to lessen in quantity, which was also stationary, a second injection was determined on, which was administered the tenth day after the first. This injection was of six grains to the ounce of water, and was retained fully five minutes. It caused very considerable pain of the uterine region, loins, hips and groins, attended with nausea and efforts to vomit. For twelve hours the lady suffered intensely, but after using cool injections of water into the vagina repeatedly, and an anodyne enema, her painful symptoms gradually abated, and some sleep was obtained after ten at night. The hemorrhage ceased from the application of the injection, and never re-appeared. Very slight discharges, both from the uterus and vagina, followed the re-injections, but they were chiefly turbid mucus. After the painful symptoms subsided, the improvement of the general health and spirits was marked, and in four weeks the lady returned home perfectly well, and has remained so now two years since the case was treated.

Case II. — Mrs. M. H., æt. about thirty, had been married five years, sterile, delicate, of a strumous habit, and low-spirited. Before marriage her catamenia had been irregular, but more so afterwards. The two years before the writer was consulted, the menstrual periods were characterized by alarming menorrhagial fluxes, which seriously endangered life. These hemorrhages, from the representations of the lady, resembled the common flooding now and then occurring with females from abortion, and they were attended with pain. A

vaginal examination detected ulceration of the cervix with manifest induration and some enlargement, and anteversion, with very considerable irritation of the bladder. This examination was made about two weeks after an attack of the hemorrhage, which had greatly enfeebled her in body and mind. The diagnosis was menorrhagia, anteversion, complicated with enlargement and ulceration of the cervix, as well as irritation of the vesical mucous lining; and the treatment commenced with cauterization of the os and cervical canal with solid nitrate of silver. The cauterizations were repeated once in six days, and only two operations were performed before the flux returned. This period was less threatening than the previous one, but the flow was decidedly hemorrhagic, and both alarmed and enfeebled the lady greatly. The bowels were regulated with mild though impressive aperients, such as combinations of aloes, rhubarb and soap; or jalap, rhubarb and soap. As tonics, the iodide of iron and tincture of nux vomica were employed three times daily.

After the close of this period, fearing there might be engorgement of the lining of the uterine cavity of fixed character, which, in a degree, if not chiefly, influenced the hemorrhagic nature of the catamenia, it was concluded to inject the uterine cavity with chromic acid; and a solution of the strength and in the quantity of that used in case first, was employed the eighth day after the period closed. This injection caused considerable suffering, but of transitory character, and in six or eight hours all pain had ceased. On the twelfth day after, the injection was repeated, which was followed by the same kind of pain caused by the first, but of longer duration, but after some hours it ceased, leaving the lady comparatively comfortable. The warm water vaginal

injections were the only topical remedies employed now until after the approaching catamenial period elapsed, which was rapidly approaching.

This period was nearly natural, the flow being moderate and attended with very little pain. After its close a vaginal examination was made which discovered that ulceration of the cervical canal still existed, with enlargement and induration of the cervix. Eight days after the close of this period, the cervical canal was cauterized, and the cauterizations were repeated twice after intervals of four and five days. Five times during the treatment, the bladder was injected with three ounces of a solution of nitrate of silver, of the strength of four grains to the ounce of water, when the irritability of the organ was troublesome, which greatly relieved it. The tonic treatment was kept up, as well as aperients when necessary.

The lady from this time improved in her general health progressively, gaining strength and daily becoming more cheerful. Her periods now were regular in all respects, and as no farther special treatment was necessary, she was advised to return to her home, where the writer learns she is still improving.

Remarks. These cases are interesting, not that they presented anything new in character, but because they had existed for a considerable length of time, and finally resulted in complete recovery. Cases of the kind often occur, and they are generally exceedingly perplexing to practitioners, and in some instances alarming to patients and their friends, as in the cases here reported. The first case had been treated nearly two years, before it came into the hands of the writer, without any apparent benefit, but upon what plan he has not been informed. The condition of the lining membrane of the cavity of

the uterus in this case is altogether conjectural. As there was ulceration of the os, anteversion and flexion, and some engorgement of the womb itself, it is possible the hemorrhage may have been due jointly to these conditions. There could hardly have been ulceration of the lining of the uterine cavity, as no form of leucorrhœa existed. Even the ulcerated os yielded barely a distinguishable purulent discharge. It is probable the hemorrhage was due either to undue engorgement of the mucous lining of the cavity of the uterus, kept up by the flexion and anteversion, or to the ulceration of the os. The os being in a degree strangulated, it can readily be conceived that its ulcer might be induced to bleed from that condition. Whether recovery would have taken place without the employment of the chromic acid cannot be determined. It is certain, however, that nothing employed made the least impression upon the hemorrhage before the acid was used, and that it was greatly moderated by the first application of it, and entirely checked by the second.

In the second case, it was equally difficult to account for the hemorrhage at the catamenial periods satisfactorily. It is probable, however, that anteversion, enlargement and ulceration of the cervix, and vesical irritation coöperated in transforming menstruous into hemorrhagic action at the catamenial periods; and as the improvement seemed to keep pace with, and in a marked degree to ameliorate with, each succeeding operation upon the ulcerated cervix and bladder, it is very probable that their irritation chiefly influenced the hemorrhagic returns.

THE GYNÆCOLOGICAL CABINET OF HARVARD UNIVERSITY.

By Horatio R. Storer.

[*Read before the Society, March* 5, 1872.]

I.

In a former number of the Society's Journal, I spoke of the Warren Anatomical Museum of Harvard University, and especially of that portion of it which illustrates the department of gynæcology; and I said that "the collection is in this department at once rich and poor. Of some conditions and lesions there are duplicate specimens, of others there is only an absence. Recognizing as we do the value of the school to New England, working as we are in so many ways for its elevation and advancement, we would cheerfully print unsolicited this portion of the catalogue, in the hope that, while it might be of importance to gynæcologists in itself, those of our readers who may chance to have specimens of a character to fill the vacant spaces to which we have alluded, might be moved to present them to the college." *

Besides the College cabinet, there exists another large pathological collection in this city, belonging to the Medical Improvement Society. Prof. J. B. S. Jackson is the curator of this collection as well as of the first. It is generally understood that, so far as it has been possible to effect it, the two collections are supplementary of each other. If this is in reality the case, the Society's cabinet, gathered together as it has been for the benefit of the profession, might be made to accomplish its end far more completely than at present, by being deposited in the same building as the other collection. A prospective arrangement of the kind, to take effect whenever the university

* This Journal, May, 1871, p. 317.

shall have provided a fire-proof building for this especial purpose, seems already to have been made.* There are reasons however, why it should be done at an earlier period, and I trust that the good sense of the suggestion will be at once appreciated by those having the matter in charge.

Meanwhile, by letter of 24 January ult., I have requested Dr. Jackson to furnish me with a list of the gynæcological specimens in the Society's cabinet, that I might present it also side by side with that of the college. Devoted as he is presumed to be to the welfare of the medical school, he could not well refuse to accede to so reasonable a request, but as I have not yet heard from him, I am compelled to employ the list published in 1847,† which can hardly, however, be supposed to represent the exact present condition of the cabinet. I would not willingly do injustice, and regret that more complete material has not been furnished me. Should it be done during the coming month, I will with pleasure publish in my next chapter any additional notes, which, if I had had them would have appeared at the present time.

I would say, in passing, that there is observable in the "Descriptive Catalogue of the Warren Museum," issued officially, as it would seem to have been from the wording of its title-page,‡ a certain forgetfulness which of course must have been unintended. References are made throughout the volume to "The Hospital Records," "The Medical Journal," and "The Medical Society," "it being understood that the Massachusetts General Hospital and the Boston Medical and Surgical Journal (and The Medical Improvement Society,) are referred to, unless otherwise expressed."§ It is hardly worth while

* Forty-sixth Annual Report of the President of Harvard College, Cambridge, 1872, p. 70.

† Descriptive Catalogue of the Anatomical Museum of the Boston Society for Medical Improvement. 1847. Wm. D. Ticknor & Co., Boston.

‡ Harvard University. A Descriptive Catalogue of the Warren Anatomical Museum. 1870. Boston, A. Williams & Co.

§ Ibid., p. vi.

to state that there was a second medical journal in this city, firmly established, at the time that the Catalogue appeared; but that Dr. Jackson should have spoken as though there existed here but a single General Hospital and but a single Medical Society, might surprise those who are not aware that the two institutions referred to, *used to be* thought by some, identical with Harvard University.

I proceed with the communication, the publication of which in the present form cannot fail to be of benefit to the college, alike as showing its present gynæcological resources, and as tending to increase them by contributions towards filling vacancies, from our readers. Such remarks are appended, as Dr. Jackson has himself made in the two Catalogues. I may take occasion, from time to time, to present additional comments of my own.

Many valuable specimens, some of them unique, have been sent to the Gynæcological Society by its distant members. There is little doubt that these also might have been obtained, on deposit, for the College collection. A very strong intimation, however, was conveyed to the Society that such an act of courtesy upon its part would be unacceptable. It is possible that the mention which, at the time, was incidentally made of this fact* might deter our friends from assisting at the present moment in the increase of the college collection in the manner that is now suggested. To such, I would say, that any contributions to the museum that may be sent directly to the President of the University, at Cambridge, will be quite sure of being gratefully received and properly appreciated and acknowledged.

The first of the numbers in the list below, represent the enumeration of the specimens gynæcologically; the second, their place in the catalogue of the Warren

* See this Journal, May, 1871, p. 269.

Museum, and where brackets are used, in that of the Medical Improvement Society. The names attached are those of the donors. Those specimens only are mentioned, with a single exception, which are specially stated to have come from the female.

A. SPECIMENS ILLUSTRATIVE OF THE RECTUM IN HEALTH AND DISEASE.

1. 678. — "Imperforate rectum. The pelvic organs were dissected by Dr. R. M. Hodges, and have been preserved in spirit; showing the rectum, distended, and ending in a cul-de-sac, low in the pelvis, and below this a very small portion of intestine with the anus.

"The child died on the sixth day, crying incessantly the last ten or twelve hours, and with the abdomen very tense and swollen; but there was no vomiting. The urine was very scanty; and two days before death it was slighty tinged by meconium, though nothing was found, on dissection, to explain this fact. Case in the practice of Dr. A., and no operation performed; a female child.

"Three years previously the mother bore a male child that lived eight days, and in which the meconium passed freely through the penis; a perfect female having been born meanwhile. 1858. *Dr. James Ayer.*"

2. 679. — "Imperforate rectum; intestine distended and dried.

"Case in Dr. M.'s practice; a female. Trocar passed in about two inches on the third day, but without opening the intestine, and it died on the fifth. Symptoms not urgent. The lower portion of the intestine was about an inch in extent, and the distance that separated the two portions was about the same. 1847.

Dr. E. B. Moore."

"In cases of imperforate anus, an opening into the 'bladder' or 'urethra' is occasionally reported; but, so far as I have seen, an opening into the membranous portion of the urethra is always found in an ordinary case of imperforate anus in the male subject. In extraordinary cases, or where there is great malformation of the internal organs, the opening may be into the fundus of the bladder, or there may be a great deficiency of the large intestine, and no opening at all. The opening is usually small, but easily enough demonstrated, if the rectum is inflated under water, after washing it out, and opening the bladder and urethra. The above general remark was made, and founded upon the observation of six cases, in 1847; and several others have since been met with.

"When the anus is imperforate in the female, the rectum opens into the vagina;* and this opening seems to correspond to that in the male subject, — the membranous portion of the urethra being the genital portion of the urinary canal.

"In an analysis, by Mr. Curling, of one hundred cases of 'Congenital Imperfections of the Rectum,' with reference to an operation,† he gives twenty-six in which the intestine opened into the urethra, or neck of the bladder; and he remarks that there were 'very probably more, as the opening is sometimes so minute as to prevent the free escape of meconium during life.'"

3. [465.] — "Imperforate rectum; symptoms immediately connected with the malformation were not urgent. On the third day an operation was attempted, in which

* Of the practical importance of this point, hitherto seemingly unappreciated by surgeons in their operations upon female infants with anal atresia, I may have somewhat to say in a subsequent communication. It is a question, however, if Dr. Jackson should have made his remark quite so sweeping, even allowing for the admission by Mr. Curling, which he subsequently quotes. H. R. S.

† Med. Chir. Trans. vol. xliii., p. 276.

the posterior parietes of the vagina were extensively wounded, and without opening the intestine; the hæmorrhage was copious, and the child died in seventeen hours. 1839."

4. [466.]—"Rectum opening largely into the upper part of the vagina, from a child about three months old, and a patient of Dr. William J. Walker. Dr. W. made an opening into the intestine, through which the fæces passed for some time, but, for two or three weeks before death, this was closed, and the discharges passed as before through the vagina. The rectum is seen to have been dilated and the muscular coat much thickened. 1839."

5. 681.—"Rectum opening into the vagina. When the child was six weeks old, Dr. W. made an incision into the intestine, in the situation of the anus, drew it down, and stitched its margin to the integuments. The operation was perfectly successful; solid fæces passing through the artificial opening, and the liquid portion through the vagina. An operation for the closure of the opening into the vagina was deferred on account of the age of the child, and it died when about sixteen months old.

"On dissection, a malposition of the large intestine was found; and a sharp flexure had produced an obstruction that sufficiently explained the death. The rectum having been cut open along the back, by Dr. W., there is seen an opening into the vagina that would admit the tip of the little finger; the intestine just above this being much contracted, and plaited upon the inner surface. The anal opening made by the operation seems to have been of good size.* *Dr. J. M. Warren.*"

* Boston Med. and Sur. Jour. vol. lxxi., p. 243.

6. 683. — "Rectum and vagina opening by a common outlet; from a perfectly healthy lamb that was killed when five months old. Pelvic organs preserved in spirit, and fully displayed.

"The rectum was considerably distended with fæces, and opened into the vagina between half an inch and an inch from the external orifice; the mucous membrane below resembling that of the vagina rather than that of the rectum; and the clitoris being seen at the orifice, showing that the rectum opened into the vagina, and not *vice versâ*. 1850. *Mr. J. Nelson Borland, med. student.*"

7. 684. — "Rectum of a calf, communicating with the lower part of the vagina by an opening that would have admitted a large catheter; both cavities, as well as the uterus, being in the recent state distended with meconium. The valva was well developed, but separated from the vagina by a fleshy and moderately thick septum. The animal, which was otherwise well formed, died on the third day, and was sent to Dr. B. 1860.

Dr. Henry J. Bigelow."

8. 2238. — "Pelvic organs, apparently from an old woman. The lower portion of the rectum is greatly distended, as from fæcal accumulation; but not thickened. 1847. *Dr. J. C. Warren.*"

9. 2240. — "A few inches of the lower portion of the large intestine, cut open, and showing the orifices of numerous little sacs, formed by a hernial protrusion of the mucous coat; the intestine being loaded with fat, as it usually, if not always, is in such cases.* 1852.

* I have given the above reference, though the sex of the specimen was not stated, in connection with a case of my own, requiring operative interference, reported at one of the earlier meetings of the Gynæcological Society, as one of sacculated scybala, simulating glandular enlargement of the rectum. Dr. Jackson was present on the occasion alluded to, and upon my stating that I had not seen the affection enumerated by any writer upon rectal disease, he remarked that "he considered the case a very interesting one, and that though he had often

"This affection I have met with very frequently in the large intestine, but never in the small, excepting two cases; but these two were otherwise exceptional. Others, however, have found it only in the small intestine; and a case has been figured by Sir. A. Cooper, in his work on Hernia. *Dr. J. B. S. Jackson.*"

10. [509.] — "Intussusception of the rectum. The intestine is completely doubled upon itself, and protruded about half an inch from the anus. From an old woman, who had been subject to hæmorrhage from the bowels for a year previous to her death. The fatal attack lasted ten days; came on with great and constant hæmorrhage, distress, and a sense of bearing down as in labor; there was no vomiting until the last four or five days, and no discharge from the bowels, except for a single, small, scybalous mass, enemata being always immediately rejected. 1839. *Dr. George C. Shattuck.*"

11. 2290. — "The lower part of the rectum, most extensively ulcerated; and, apparently, rather an acute affection. Superiorly very defined, and burrowing; the muscular coat below this looking as if clearly dissected. For the last inch and a half it is not so much an ulceration as an irregular abscess, burrowing between the rectum and the vagina. Above the seat of disease the mucous membrane was quite healthy, excepting a fistulous opening into a portion of the large intestine, that adhered to the rectum, as seen in the preparation. 1861. *Dr. J. B. S. Jackson.*"

12. 2291. — "Continuous ulceration of the rectum; with chronic abscesses between this and the sacrum, and

found small sacculi arising from the larger intestine, above the sigmoid flexure, he had never seen them in the rectum. They seemed to be formed as they are in the bladder, are very numerous, and sometimes enclose small masses of indurated fæces. Once he had known a patient to die from peritonitis, induced by one of these little hernial protrusions, though death would before long have occurred from cancer of the rectum." See this Journal, August, 1869, p. 80. H. R. S.

opening freely into the intestine. The ulceration began in the arch of the colon, and increased downward. The other organs were healthy.

"From a woman, æt. forty-four years, who had had dysentery for six months, with pain and tenesmus. (M. G. Hospital Reports, 198, 203.) 1855.

Dr. J. B. S. Jackson."

13. 2306. — "Cancer of the large intestine. At the junction of the sigmoid flexure and the rectum the canal was closely constricted by a circular growth, which involves from 1 to 2 in. of the wall, the thickness of which is increased to a quarter of an inch. The mucous surface is red, but apparently smooth. The submucous cellular coat was thickened, firm, and of a whitish color. Muscular coat thickened and striated for the most part, but in the centre the coats are all blended in the morbid tissue. On microscopic examination of intestine, there were seen some large but indistinct nuclei, like those belonging to malignant formations; but the fatty degeneration was so extensive as to make it impossible to pronounce with accuracy upon the exact character of the elements. — The liver weighed nearly nine pounds, and contained very numerous cancerous masses.

"From a woman, who had been for a long time constipated, oppressed after her food for about a year, with more or less nausea, pain, and fulness in the abdomen. About ten days before death she took an active cathartic, but she had no discharge from the bowels from that time. There was vomiting, with much pain and oppression, and she gradually sank. Her mother died of cancer of the womb, and her grandmother of the same disease in the breast.* 1860. *Dr. C. Ellis.*"

14. 2308. — "Colloid disease of the rectum. — Just

* Boston Med. and Sur. Jour. vol. lxiii., p. 343.

above the anus is a very narrow strip of healthy intestine, though at the orifice is a considerable mass of the disease, that seemed to be seated in the hemorrhoids, that occasionally protruded during life. The principal disease is nearly 3 in. in extent, and involves nearly the whole circumference of the intestine; perfectly well marked, and not complicated with any other form of disease.

"From a woman, about fifty years of age, and who had been suffering from the disease for three years; her chief symptoms being an intense, paroxysmal, and increasing pain, passing up through the rectum, and as high as the top of the sacrum. Very little hemorrhage; and no vesical nor uterine symptoms.* 1862.

Mr. Albert Wood, med. student."

15. [519.] — "Cancer of the rectum. The patient, a female, about thirty years of age, had had no discharge from the bowels for two or three weeks before her death, and died from the effects of the obstruction. The disease commences two inches from the anus, and extends upwards from three to four inches, being sufficiently well defined. All of the tissues are more or less thickened and otherwise diseased, but particularly the muscular coat, which, at one part measures four and a half lines, and has throughout the well marked character of scirrhus; the cellular membrane, also, between the intestine and the sacrum, is indurated, and with the fat forms a solid mass an inch in thickness. The passage through the diseased portion is irregular, and much contracted, and upon the inner surface there is an ill defined, cancerous looking ulceration, which has penetrated in some parts entirely through the parietes of the intestine, Above the diseased part the rectum is dilated, and the

* Boston Med. and Sur. Jour. vol. xlvi., p. 86.

muscular coat thick and fleshy. Just below the seat of the disease, but in a perfectly healthy part of the intestine, there is a clean, longitudinal slit, five lines in length, and opening into a considerable cavity in the recto-vaginal parietes; from this last there is an opening, between two and three lines in diameter, into the upper part of the vagina, and from this there hangs out a slough of cellular membrane, about an inch in length; the uterus was healthy, and has been cut away in the preparation. The lower portion of the intestine is seen to be otherwise healthy, except for enlarged veins and hæmorrhoids. The specimen was sent to Dr. Edward Reynolds by Dr. Joel Burnett, of Southborough. 1838."

(To be Continued.)

GYNÆCOLOGICAL SUMMARY.

By George Holmes Bixby.

IV.

To continue with the American Journal of Obstetrics, in No. 4 of Vol. II, February, 1870, Dr. Noeggerath of New York continues his paper on Chronic Metritis, in its relation to Malignant Disease of the Uterus.

A case of Lacerated Perineum with hyperæsthesia of the cervix, reflex action on the uterus and nervous system, is reported by Dr. J. C. Nott of New York, and a case of Ovariotomy by Dr. Emmet; the pedicle having been secured with silver wire by a new method. A paper upon Adipose Deposits in the Omentum and Abdominal Walls, is contributed by Dr. George Pepper of Philadelphia. Then follows Dr. Mandl's second paper

upon the Pathology and Treatment of Membraneous Dysmenorrhœa. From what has been said upon this disease, the following conclusions are arrived at:

1. Dysmenorrhœa membranacea, decidua menstrualis, or endometritis epithelialis, is to be considered an important disease (*morbus sui generis*).

2. The pathognomonic character of the disease is the discharge of a formation resembling Hunter's decidual membrane during menstruation, and at the latest forty-eight hours after it takes place.

3. Under certain circumstances, extra-menstrual membranes of the same structure are discharged.

4. These membranes are of different size and formation, and in typical cases resemble in their configuration the lining of the womb.

5. These membranes consist only of epithelium of the uterine mucus membrane, and prolonged and torn out utricular glands, which at first sight resemble closely the villi of the chorion.

6. Both menstrual and extra-menstrual epithelial membranes are developed during the menopause in consequence of chronic inflammation.

7. The disease produces after a longer duration, retro and ante-version, congestion, and disturbances of the circulation of the uterus, and finally considerable disorder of the system in general.

8. Sterility is found in all women suffering from this affection.

9. The etiology is entirely unknown. This, as well as the pathology and treatment, requires further researches in a pathogenic and clinical point of view.

10. Chlorate of potash applied directly to the uterine mucous membrane, seems to exercise a palliative interference upon the formation of the membranes.

11. A cure of the general, can only be effected by the removal of local symptoms.

From the Philadelphia Obstetrical Society's Transactions, session of October 7, 1869, we glean further a case of Retarded Physical Development, by Dr. F. G. Smith:—

RETARDED PHYSICAL DEVELOPMENT.

"Dr. F. G. Smith related the case of a young girl who had reached the age of twenty years without any further physical development than usually belongs to a child of ten or eleven years of age. The intellect, however, was mature and unusually good. The mammary glands were rudimentary; no hair on pubis or axilla; the form was angular; there were no sexual sensations, and menstruation had never appeared. On examination, the external genitals resembled those of a child, but were perfectly formed. On exploring the parts, a small conical papilla was found projecting into the superior segment of the vagina, but a careful rectal and vesical examination failed to reveal any trace of either uterus or ovaries. The mother, a very intelligent person, and the patient herself, both assured Dr. S. that small seeds of fruit frequently passed in the urine, and that on standing it occasionally deposited a greenish, flocculent sediment, possibly fæcal matter. There was, however, no escape of urine by the bowels, and even on the most careful examination no orifice could be detected."

Sudden Death following Abortion, by Dr. R. A. Cleemann:—

SUDDEN DEATH FOLLOWING ABORTION.

"Dr. R. A. Cleemann related the history of a case where abortion had been followed by death in a few

hours. The woman was apparently healthy before the accident, lost but a very moderate amount of blood, and developed no symptoms other than those of extreme prostration and death from syncope. No post-mortem examination was allowed. Several members commented on the cause of the sudden death, and related somewhat similar cases."

In No. 1, Vol. III, May, 1870, we find the following papers: Intra-Uterine Injections, by Dr. J. C. Nott of New York. Chloral in some Female Diseases, by Dr. Terry of New York, and a paper by Dr. Nathan Bozeman of New York upon Vesico Vaginal Filstule, with Laceration of the Urethra. From the Transactions of the forty-third Convention of German Naturalists and Physicians, section for Gynæcology and Obstetrics, held at Innspruck from the 18th to the 24th of September, 1869, there are gathered the following:—

"Dr. Freund (Breslau) spoke of the Parametritis Chronica Atrophans, which he had frequently observed and carefully studied,—a disease that, according to the phenomena which it finally produces, was in olden times known by the name of hysteria; its anatomical substratum, however, has until now remained almost wholly unknown, owing to the affected places not being detected at the autopsy. By the aid of drawings of sagittal and horizontal sections of the pelvis, the speaker illustrated the course of the connective tissue existing between and beneath the pelvic peritonæum. Over the uterus it is denser (parametrion); likewise at the base of the lig. latum. It surrounds the nervi uteri, the ganglion, two arteries, large veins, and the ureters. Toward the pelvic walls, bladder, and rectum the pelvic fascia becomes looser in texture.

"Until now it has been impossible to demonstrate,

anatomically, the first stage of an inflammation attacking this structure. It has only been studied clinically. It consists of hyperæmia and serous infiltration of the connective tissue, and leads to simple chronic inflammation and cicatrization of this structure,—to callous cicatrization. The diseased tissue becomes dense, callous, and forms strong bands which attach themselves to the walls of the pelvis. Through this cicatricial contraction of the fascia, the vessels, especially the veins, become constricted, whereby varicose dilatations, in the course of the same, ensue. These in their turn exercise pressure upon the nerves [though the speaker should be unable to find any nerves in the cicatricial structure, he nevertheless assumes this effect upon the nerves to be a fact, and thereby explains the alteration of the nervous functions presently to be described]. Through this contraction the uterus also very frequently becomes constricted. As ulterior effects, sinking of the kidneys, and within them hydronephrotic dilatation of the pelvis ensue.

"In order to be able to appreciate this alteration in the cadaver, the symphysis pubis should be removed, a saggital section made through the uterus, etc., to Douglas' cul-de-sac, and an incision laterally at the base of the lig. latum on a level with the os internum. The cicatricial contracted facia and the atrophy will then be found; and later on it will also be seen that the two lamellæ of the lig. latum cannot easily be displaced towards each other, as in the normal condition, but that they are intimately united.

"In the examination, these patients manifest a remarkable degree of painfulness in this region, especially on the left side, at the fundus vaginæ. Not infrequently nervous attacks come on after the examination, especially if the lig. latum was raised up during the examination. Later on, even the pelvic bones become painful. The bladder

becomes contracted, the uterus weak and smaller. This atrophy is not to be confounded with that occurring in other conditions. The painfulness of all the organs is characteristic of this disease. Sensations of cold, of heat, and of lacinating pains are experienced in the pelvis. Ischuria and tenesmus come on. Coitus is extremely painful, and in consequence thereof there is a total disinclination for that act. The secretion of the sexual organs is at first increased, subsequently diminished or totally suppressed, and, in extreme cases, premature menostasis ensues.

"If the pain at first be purely local, reflex phenomena, such as hiccough, etc., will soon ensue; even attacks of syncope are liable to occur. In the nervous system, disturbances first come on in the nerves of sensation, then the nerves of motion, and finally in those of nutrition. Subsequently paralysis comes on, although very rarely. In the domain of the lymphatic system, disturbances manifest themselves in the form of derangements of the digestive tract, especially of the stomach; by severe cardialgia, distention of the bowels, and severe palpitation of the heart. In the domain of the vasculo-nervous system, by swelling of the thymus. In the eyes, by mydriasis in one or both eyes. Subsequently, intense exophthalmus, with brownish discoloration of the eyelids, ensues. Basedow's disease may come on as a sequela of this affection. In addition, tonic and clonic spasms of all kinds may supervene, paralysis of the limbs, intercostal and lumbar neuralgia. Swelling of the mammæ, especially of the one on the affected side, may occur.

"There is great hyperæsthesia of the ciliary nerves, intense pain at the least admission of light, and a remarkable degree of contraction of the pupils; even disturbances of accommodation, although no morbid appearances whatever can be detected with the opthalmoscope.

"The patient also suffers from mimical contractions of the facial muscles. Subsequently, irritation of sensorial activity, flights of fancy, mental debility, and a transition into an incurable mental disease, complete the picture of this complaint.

"This interesting contribution gave rise to a prolonged and lively discussion. Prof. Hildebrand (Königsberg) and Prof. Spiegelberg (Breslau) both averred to have very frequently met with cases of parametritis, but never saw such serious results from this malady. The former thought it was carrying the thing too far when it is intended to ascribe hysteria to parametritis, for very many cases of this kind run their course without any nervous or hysterical phenomena. Prof. Hegar also often saw cellulitis of the paremetrion, especially after catarrhal affections of the fornix of the vagina, after recurring catarrh of the bladder and of the rectum; never, however, did he see it to such an extent, and with such grave results, as Freund described it. The latter conceded that the effects are milder and less striking in unilateral parametritis, which, according to his observation, is found mostly on the left side. Moreover, a distinction should be made between the acute and chronic inflammation of the parametrion. Whereas in the former the described phenomena are indeed absent, in the latter they are always observed. Spiegelberg found the symptoms of hysteralgia in all irritable conditions of the genital organs, but, fortunately, never attended by such unfavorable results. He contended that the cellular tissue, according to its anatomo-physiological nature, is not of such great importance as to produce such disturbances in the organs by its inflammation. He doubted, for this reason, the direct casual relation of the given affection to the anatomically, as also to the functionally, very insignificant conditions. Freund, nevertheless, maintained his assertions to be cor-

rect. The site of the fascia is such that the morbid alterations and symptoms depicted are liable to be produced. He must fall back upon the results of his autopsies in the "Aller Heiligen Hospital," at Breslau. In reply to a question by Spiegelberg, how often Dr. Freund had met with the anatomical conditions described in the cadavers of such patients in whom he had diagnosticated the disease in life, and observed that group of symptoms, he stated that he was indeed able to present but one case of this kind.

"Prof. Dohrn (Marburg) discoursed upon the Canals of Müller, and the Development of the Uterus. Our view concerning the development of the female genital tract, so far as it is supported by the statements of Johannes Müller and Rathke, has become essentially modified through the investigations of Thiersch and Leukart.

"The facts that the canal of Müller develops in the walls of the Wolffian body, as also that from the fusion of the canals of Müller near the fundus uteri the lower part of this organ and the entire vagina down to the hymen result, may be safely taken as a complete refutation of the opinion formerly entertained. Less positively known, and more difficult to investigate, is the manner of fusion of the canals of Müller within the genital cord. The observations that have been made on animal embryos do not uniformly concur, and in regard to this condition in man there are almost no observations on record. According to Thier, who pursued his investigations in the embryos of sheep, the fusion progresses from below upwards. Kölliker, who examined the embryos of cattle, came to the conclusion that the fusion begins at the centre of the genital cord. From my own investigations, instituted in a large number of animals (sheep, foxes, pigs, cattle) and human embryos, I have arrived at the following conclusions :—

"(1.) The fusion of the canals of Müller begins between the middle and lower third of the genital cord. From this point it progresses upwards and downwards; the lower section is, however, completed before the upper. —The fact of fissures of the female genital tract occurring oftener in the upper than in the lower part of the same is in perfect unison with this circumstance.

"(2.) Of the canals of Müller the left usually lies more anteriorly than the right, and in this oblique position they are apt to coalesce. The pressure of the gut end which lies on the left side is the cause thereof. The torsion of the uterus with its left angle anteriorly, frequently observed, is accordingly due to the first embryonal plan of this organ.

"(3.) In man the fusion of the canals of Müller takes place comparatively soon and early. By the end of the second month of embryonal life the fusion is found to be complete throughout the entire extent of the genital cord. In support and in explanation of this phenomenon, the speaker exhibited preparations and very finely executed drawings.

"Hegar and Schatz participated in the debate upon this subject. The former remarked that an additional support for the torsion of the genital canal being founded in the original plan is derived from the fact that in double vaginæ, so soon as one has become closed and filled with menstrual blood, the tumor that is thus formed is found either anteriorly to the left or posteriorly to the right. Schatz also stated that the cases of double uteri and vaginæ, already reported by him to the Obstetrical Society of Leipzig, very nicely illustrated the manner of fusion of the canals of Müller, by the arrest that had taken place in the fusion at different periods of time. In the first of these cases there is communication of the size of a lentil between both vaginæ in the septum, midway

between both vaginal portions, the genital canals in all other respects being completely separated.

"In reply to a question by Dr. Schatz, whether also, according to the investigations by Dr. Dohrn, the first point of fusion of the canals of Müller corresponded with the place where uterus and vagina subsequently coalesced, the speaker stated that he was unable to give a positive answer, for the reason that the period when the first fusion takes place and the period when the first sign of the portio vaginalis appears are separated by too long an interval to render it possible for both phenomena to be recognized on one preparation. Still he believed both were identical.

"Prof. Spiegelberg (Breslau) spoke of the diagnostic value of puncture in Ovarian Tumors. Explorative punctures are made (1) for the purpose of differentiating ovarian cysts from other organs, (2) of distinguishing them from each other, and (3) of differentiating cysts from abdominal dropsy.

"The first of these three indications is not devoid of importance. Certain cysts have characteristic contents and the explorative puncture may therefore supply us with data, whether there be any renal cysts, hydronephrotic cysts, and echinococci. Errors have occurred where that affection was mistaken for one of the latter. The speaker himself once mistook an echinococcous sac which originated from the right kidney for an ovarian cyst, and extirpated it. The explorative puncture, which in this case was unfortunately omitted would have saved him from this error.

"The second indication is of little import, since the same elements may occur in all ovarian cysts. Only the so-called dermoid cysts will be distinguishable with certainty through the explorative puncture.

"The third object of the explorative puncture is the

most important of all. Simple abdominal dropsies are very often more difficult to differentiate from ovarian cysts than is usually supposed. As diagnostic distinctions, such as are derived by the puncture, the following are usually mentioned: the greater amount of albumen contained in the cysts, and the variety of epithelial structures as compared with peritoneal fluid. Speaker believed, however, with Waldeyer, to have discovered more important and decided differences, namely: in the peretoneal fluid a coagulum forms spontaneously after some time, because it contains fibronous substances. In the contents of the cysts this never occurs. In the former there are movable amöboid cells, in the latter none. The occurrence of these conditions in the serum will not appear strange, since the peretonæum, through the statements of Louis, has been recognized as a large lymphatic sac. According to the investigations that have been made, the distinctions alluded to are perfectly evident. Thus in one case it became possible to make a positive diagnosis of 'ascites with cystic formations and evacuation of the contents of the cyst into the abdominal cavity.' Only through these experiences has the explorative puncture attained its full value, and therefore ought never to be omitted before a radical operation is undertaken.

"Hegar opened the discussion upon this subject. He thought the explorative puncture should not be recommended so absolutely as the preceding speaker has done since it is by no means devoid of harm. In fact he has seen one case terminate fatally, notwithstanding the fact that a very thin trocar was used, in consequence of the fluid from the cysts, which had been punctured through the vagina, not ceasing to flow after the canula had been withdrawn, but continued to escape into the peritoneal cavity and produced peritonitis. He therefore deprecated the employment of the explorative puncture in all cases where a posi-

tive diagnosis can be made in any other manner. Such cases there are many. To place one in danger of life, perhaps unnecessarily, merely for the sake of a diagnosis, without the possibility of being able to offer a complete restoration to health, which is often possible in the not much more dangerous radical operation, is certainly very unjustifiable. Spiegelberg acknowledged that the explorative puncture is not always so free from danger as is usually supposed. He too had seen two cases terminate fatally after that operation. But he must nevertheless pronounce it indispensable before every operation of ovariotomy is undertaken, since all other data for the diagnosticating of ovarian cysts are unreliable; also for the reason that it is doubtless much less desirable and pleasant to cut open an abdomen for an ovarian cyst and find none in it.

"Dr. Küchenmeister (Dresden) presented several Instruments invented by him for gynæcological operations.

"(1.) As Sims' speculum is only applicable in certain cases, and in order that one might undertake easily to make an incision in the portio vaginalis with the cylindrical speculum, without assistance in either case, and to avoid the incision being shorter than was intended, as is the case when the ordinary scissors is used, he had caused a perpendicular catch-hook to be added to the sharp end of a long scissors, which prevents the retrocession of the scissors during cutting.

"Spiegelberg found the scissors to be very reliable indeed in incisions of the portio vaginalis; still its use is not free from danger, as it is liable to cause severe hemorrhage from laceration of the tissues—so much so that cauterization is sometimes necessary to arrest it, which is apt to be followed by parametritis. Küchenmeister believes it possible to prevent laceration with the scissors by cutting carefully.

"(2.) A curved trocar, designed for the puncture of hæmatocele.

"This operation, owing to the density of the fluid and the slowness of its escape, often proves fruitless. He therefore uses a curved trocar similar to Middledorf's, which may be allowed to remain in the tumor. After repeated observations he has arrived at the conclusion that hæmatocele, among other causes, may arise from blood escaping from the accessory tubes and tubal orifices during menstruation.

"Kehrer maintained that a physiological escape of blood takes place from the tubular mucous membrane during menstruation, and regards a retrogade flow of blood from the uterus into the tubes as highly improbable. Consequently, bleeding can only occur from the Graafian follicles, or pathologically from the tubal mucous membrane. Hence he cannot regard the hemorrhages from the tubes during menstruation, said by Küchenmeister to have been observed in England after ovariotomy, as physiological.

"Owing to the slow escape of the fluid of hæmatocele, Freund allows a short trocar, lengthened by an elastic catheter, which is thicker above and thinner below, to remain for sometime in the cyst.

"(3.) A polypus forceps, with which polypi that can only be reached with difficulty with the finger may be easily cut off.

"Finally, Prof. Spiegelberg (Breslau) spoke of galvano-caustic operations on the uterus and intra-uterine cauterizations.

"The galvano-caustic method comes into consideration pre-eminently in two operations: in amputations of the cervix and in intra-uterine cauterizations. In his practice Spiegelberg had recently amputated the cervix four times with the knife and scissors, six times with the écraseur,

and over twenty times with the galvano-caustic loop. The majority were cases of carcinoma. In operating with the knife for carcinoma, the marked, often profuse hemorrhage, and the necessity of dragging down the cervix with hooks, are great annoyances. In the application of the écraseur the bleeding, it is true, is avoided, but, as an offset for this, the adjacent tissues are dragged into the loop. Simon, it is true, essays to fix the spot embraced by the chain by needles, but they cannot be safely applied, without pulling down the cervix. Even the bleeding cannot always be avoided in the use of the écraseur. In one case, for instance, such profuse hemorrhage ensued after the écrasement as to call for the tampon.

"All these disadvantages are avoided by the use of the galvano-caustic.

"The loop is applied as near as possible to the fornix of the vagina, a spatula-like instrument being used to support it in its application, It is not easy to heat the coil at the given place, owing to the ease with which it slips off. But if it is once successfully adjusted it will cut in the desired direction without danger to the adjacent tissues. In order to obtain a good result the coil should be allowed to get hot and cut through the tissues slowly. Neither marked hemorrhages nor severe pains ensue. Even the glowing heat is not perceptible, if a stream of cold water is allowed to play over the field of the operation during the procedure. The loop makes a smooth cut, which granulates very nicely, especially if there be no carcinoma. Where this is the case the operation will only be palliative, for the speaker saw relapses ensue even after this operation.

"As regards the intra-uterine galvano-caustic treatment, taken all in all, the speaker is opposed to intra-uterine treatment in general. The uterine cavity does not tolerate foreign bodies for any length of time. Intra-uterine

applications of astringents must, in order that they may quickly flow out again, be preceded by dilatation of the cervical canal. For this purpose the compressed sponge is most appropriate. But its point must project at least one inch beyond the os tincæ. Speaker has seen predominantly metritis, parametritis, etc., ensue after injections of alkalies and iodine, less frequently after injections of lunar caustic, and all those astringents which attack less the deeper structures. As superficial applications are better tolerated, the speaker tried, in blenorrhœa and hemorrhages in consequence of endometritic polypi, to cauterize the uterine cavity with a porcelain cautery, the cervix having been previously dilated. The porcelain cautery should be curved in the shape of a uterine sound. The current is interrupted as soon as the patient complains of pain. He saw no marked reaction in any case. In the first few days after the operation there is hardly any discharge; subsequently it becomes more profuse, and is often slightly stained with blood, but in the next fortnight it disappears completely.

"Lange confirmed Spiegelberg's experience in regard to the evil effects of the écrasement. In one case such profuse hemorrhage ensued after the écrasement, that it could only be arrested by the actual cautery. Hegar also discarded the écrasement, but prefers the knife and scissors to the galvano-caustic in amputation of the cervix uteri, for the reasons that they never fail, are always procurable, and promote healing by first intention. Hegar proposed to make the incision in amputations for infiltration and papillary exuberation obliquely funnel-shaped, as otherwise some of the morbid tissues may be left behind. It is also easy to make this funnel-shaped incision in simple hypertrophies of the supra-vaginal portion. For the purpose of arresting the hemorrhage he makes use of the suture suggested by Sims, and for greater security covers

the wound by stitching the mucous membrane to the fornix vaginæ. No other dressings are then necessary. The results of the operation performed in this manner were very satisfactory. Spiegelberg regarded the funnel-shaped incision with the suture as very appropriate in simple elongation, but not in marked carcinomatous degeneration: since the cervix uteri must either be pulled down, or the knife, guided by the finger only, must work in the dark. Relapses have also ensued where the oblique incision had been made.

"Hegar rejoined that his method is also applicable in carcinomatous degeneration, by first cutting away the main tumor and then making a funnel-shaped incision in the cervix uteri. Although in carcinoma the suture is not capable of achieving union by primary intention, it is nevertheless a superior hæmostatic, and renders the tampon or other dressings unnecessary.

"Spæth (Vienna) also confirmed the disadvantages of the intra-uterine treatment of flexions, although he has found in some cases a total insensibility and an absence of reaction from the wearing of intra-uterine instruments. He agrees entirely with Sims, that the uterus tolerates better the cutting than the bloodless operations. Although until now there are only favorable reports of the use of the laminaria and such like measures, it is because the favorable cases only have been published.—Ziai (Graz) saw two cases terminate unfavorably from the use of laminaria.—Hugenberger (St. Petersburg) saw pyæmic symptoms ensue in one case from the use of laminaria. In flexions he is an advocate of Simpson's pessary, which is tolerated very well and acts very beneficially when properly adjusted and retained a sufficient length of time.

"Prof. Von Mayrhofer (Innsbruch) presented a new movable uterine sound, invented by Dr. Sapolini, of Milan, but whose introduction into gynæcological practice will be prevented by its uselessness and expense."

From the Transactions of the Obstetrical Society of Philadelphia, December 2, 1869, we extract the following: —

ERECTILE CANCROID OF THE VAGINA.

"Dr. Goodell related the following case:—A robust lady who had a dark and livid tumor projecting slightly from the vulva, from which she had never suffered any pain or inconvenience. Hemorrhage setting in, her physician called Dr. G. in consultation. He found a smooth vascular tumor, originating one inch below the meatus urethræ, as large as a horse-chestnut, giving out a profuse hemorrhage in minute jets. from an apparently ulcerated surface. As ice, liq. ferri subsulph., and other styptics had failed, a double ligature was thrown round the mass. The hemorrhage was thus arrested, and as, from its unusual site, it was considered a benign erectile tumor, a favorable prognosis was given. The growth, however, soon increased so rapidly as to fill up the vagina, and the lady died one month afterwards, exhausted by repeated hemorrhages. An autopsy revealed a large cauliflower excrescence springing from the anterior wall of the vagina, which showed under the microscope the characteristic cells of such growths. The womb, bladder, and rectum exhibited no trace of the disease, and all the other internal organs were healthy. Dr. G. said that the early diagnosis of a cauliflower excrescence is extremely difficult owing to its resemblance to an erectile growth; indeed, Virchow asserts that the excrescence is at first a simple papillary tumor, which ultimately passes into the cancroid state; and that therefore all vascular tumors of the vagina and uterus should be looked upon with suspicion.

"Other members related their experience in regard to

these cancroids, but had never seen one occupying the above site."

CASE OF HYSTERICAL DYSPHAGIA.

"Dr. George Pepper stated the following case:—a single woman, aged 45, had not menstruated for several months. About Christmas last was seized with sore throat, cough, and great difficulty in deglutition. She sought advice, and for the ensuing six weeks had her fauces swabbed out daily with a solution of nit. argent. The trouble rather increased; she lost flesh and strength; even liquids were swallowed with difficulty, and on no occasion was she able to take solid food. At this time Dr. P. was called in to see her, and after very carefully investigating her case, suspected uterine trouble. On vaginal examination he found the hymen intact, vagina narrow and sensitive, uterus small, very sensitive, and anteverted; os patulous, and a glairy discharge from the cavity. On passing the sound it was arrested at about one and a half inches. Argent. nit. was very thoroughly applied, and although it caused considerable backache, ovarian pain, etc., yet from that moment his patient was cured of dysphagia, and that evening she ate a hearty supper. She was ordered the bromide of potassium, gr. xxx. t. d. for some days, and is now perfectly well."

In No. 2 of vol. III., August, 1870, Dr. E. R. Peaslee of New York, contributed an article upon Injections into Peritoneal Cavity after Ovariotomy. Seven cases are reported. We give below the preface to the above, and the recapitulation and conclusion.

"Intra-peritoneal injections are but seldom required as a part of the treatment after ovariotomy; but cases occur in which a successful result is impossible without them.

This fact has, however, not been sufficiently appreciated, I think, by some of the most experienced ovariotomists; and certainly some beginners have entirely misapprehended both their object and their value.

"As I first proposed and applied injections into the peritoneal cavity, between fifteen and sixteen years ago, I have been, perhaps, held in some degree responsible for their application, though sometimes in circumstances in which I should by no means have advised them. And to guard against misapprehension as to the circumstances requiring them, their true value, and the method of applying them, which my experience thus far indicates as the best, is the object of the following paper." *

THE OBJECT OF INTRA-PERITONEAL INJECTIONS.

"The object to be secured by intra-peritoneal injections after ovariotomy is, *the prevention or the removal of septicæmia, by the removal of a fluid in a state of decomposition, or soon to become so, from the peritoneal cavity.* More than one-sixth (three-seventeenths) of those who die after this operation die of septicæmia, and it is a matter of the highest importance to reduce the number to one-sixth, or even to one-fifth of this proportion; as I feel assured the judicious use of the injections will do.

"The decomposing fluid whose absorption into the blood from the peritoneal cavity may produce septicæmia, may be either of the following:

"1. It may be blood oozing, after the operation is com-

* Perhaps one reason why experienced ovariotomists have so seldom resorted to these injections is the fact that they mostly use the clamp in the treatment of the pedicle of the tumor which has been removed, and that it is very awkward to make use of them while the clamp is in place, and a very harsh procedure to tear open the incision for that purpose, if they become necessary, after the clamp has been removed. This however, I hold not to be an objection to them, since they alone can, in some conditions, save the patient's life, but rather an inducement to prefer the ligature to the clamp, as I have always done.

I have discussed this question in a Monograph on Ovariotomy, read before the New York Academy of Medicine, June 1, 1864, and published in its Transactions.

pleted, from surfaces to which the ovarian tumor had been adherent, or from its pedicle.

"2. Fluid from the tumor, which had been left by the operator in the peritoneal cavity.

"3. Ascitic fluid thus left or secreted after the operation in cases of ascites complicated with ovarian tumor.

"4. Pus in the peritoneal cavity produced while some surface is healing by granulation. Septicæmia produced in this way is true pyæmia.

"I shall give examples of each of these varieties from my own experience.

"Some authorities assume, also, that septicæmia results from the slough produced by the application of a ligature to the pedicle of the ovarian tumor (Dr. Clay's method). But I have demonstrated that no such slough is formed, unless, possibly, in very exceptional cases,* as happens sometimes to the portion next the uterus when the clamp is used.

"Since the fluid in the peritoneal cavity, from whichsoever of the preceding sources derived, does not at once become decomposed; and since, moreover, the peritoneum itself absorbs but very slowly; the symptoms of septicæmia are not developed under four to seven days (and in one of my cases on the eighteenth day) after the operation. I hardly think it possible that death should occur from septicæmia after ovariotomy in the space of thirty hours, as supposed in one of Mr. Spencer Well's cases.

"The symptoms of septicæmia are — loss of appetite; coated, dry, and then red or dark tongue; great debility, not otherwise to be accounted for; rapid, small, and weak pulse; dizziness; a tendency to sleep, and a typhoid expression of countenance. In some cases, also, an accu-

* Med. and Sur. Reporter for June 29, 1867.

mulation of fluid in the peritoneal cavity can be recognized by palpitation; and a maukish odor of the breath soon becomes apparent."

RECAPITULATION.

"Of the four cases of developed septicæmia, three were cured by intra-peritoneal injections, and one died. The internal remedies used doubtless sustained the last three patients, and to some extent also counteracted the septic influence; but, had not the decomposed fluid been removed, death must have occurred in all the cases.

"Of the last three cases, in which septicæmia undoubtedly would have occurred had the injections not been used, they prevented it in all. Now, since experienced ovariotomists at present save about seventy per cent.* of their cases, and lose thirty per cent.; and a fraction over one-sixth of the latter—*i. e.*, over five patients in every hundred, die from septicæmia—it follows if three-fourths of these may be saved by intra-peritoneal injections, even after septicæmia is established, that their use, *curatively* alone, will raise the percentage of success from seventy to seventy-four and three-fourths per cent. And on the other hand, if we consider that in most cases septicæmia may be entirely *prevented* by them, if seasonably used, we again come to the conclusion that their use should increase the average success of ovariotomy by four or five per cent."

HOW TO APPLY INTRA-PERITONEAL INJECTIONS.

"At first I introduced a No.10 gum elastic catheter into the peritoneal cavity, and carried the fluid to be injected through it by means of an accurately fitted ʒ viij. hard

*T. Spencer Wells' first 300 cases average 71.67 per cent.

rubber syringe. All air is of course expelled from the syringe before it is inserted into the tube. But I have recently adopted a method which, it seems to me, answered every possible requirement, and affords every facility both for the patient and the surgeon.

"The apparatus used is simply a No. 10 (or No. 12) elastic catheter; and an india-rubber bag holding three quarts, with a tube attached to it four feet long and one-half inch in diameter, with a stop-cock three inches from its distal end.

"This bag is filled with the fluid to be injected in the following manner:—

"Place a large bowl containing the fluid upon a table or other support, and pour a tablespoonful (or more) of it into the bag. Then drop the distal extremity of the tube into the fluid in the bowl, and by sudden pressure force the spoonful of fluid into it from the bag, the next instant letting the bag drop upon the floor. The tube is thus instantly converted into a siphon, through which the fluid flows at once, and until the bag is filled.

"Next the catheter is passed into the peritoneal cavity in any required direction, the tube is then attached to the catheter, and the fluid passed through the latter into the peritoneal cavity.

"By elevating the bag to different levels during the operation, the amount of pressure of the fluid can of course be graduated. When the peritoneal cavity is filled, the surplus of the fluid escapes by the side of the catheter, and the whole three quarts may be used at once, or not, as is required. In detaching the tube from the catheter and depressing the end of the latter, slight pressure upon the abdominal walls causes the fluid to flow through it; and by keeping its outer extremity lower than its inner, it becomes a siphon, and thus entirely drains the peritoneal cavity. This process is repeated at each time until

the fluid returns as clear and as devoid of odor as it was before entering the cavity; and very frequently nine quarts have been required to secure this result. As in this method there is no jarring or other disturbance of the catheter, the patient suffers very little inconvenience from the operation.*

"After the latter is completed, from two to four ozs. of the solution of salt and carbolic acid is left in the peritoneal cavity, and the tent is reinserted to prevent the opening from closing; or if there is no danger of this, a compress is applied to absorb the fluid that may escape from the peritoneal cavity before the next injection.

"The injections are repeated daily, or oftener, till the amount of decomposed fluid is reduced to ʒj. or ʒss. during the twenty-four hours, when it may be omitted for a day, the fluid being meantime pressed out, and the result noted. If no fluid accumulates, nor fetor returns, in forty-eight hours, the tent may be finally removed, and the opening allowed to close. It is safer, however, two or three days afterwards, to pass a smaller catheter, and turning the patient upon the side, or even upon the face, ascertain once more if there is any accumulation of fluid.

"It is not possible in the limits of this paper to reply to all the questions which may arise in connection with this subject in the minds of those to whom this is entirely untrodden ground. But the following may be briefly considered:—

"1. Does the patient suffer pain from the contact of the injection with the peritoneum? — Never, unless the fluid injected is too warm or too cold (above 100° or below 94°). A motion of the catheter among the convolutions of the intestines sometimes gives a slight unpleas-

*This method of injection is also applicable to the bladder, the stomach in cases of poisoning, and the pleural cavity after paracentesis for empyema.

ant sensation, which ceases, however, at once, on keeping it at rest.

"2. Is there any danger from the admission of air into the peritoneal cavity?—I at first took great pains to prevent this, but both found it impossible to do so for several days in succession, and that its entrance is of no importance. It rises, of course, to the highest point in the peritoneal cavity, and slight pressure after the injection insures its escape through the opening before the tent is replaced.

"3. Does the tent produce any symptoms from contact of its inner extremity with any portion of the alimentary canal?—None at all.

"4. Is there danger of hernial protrusion during the use of the tent?—None. Patients have had violent vomiting without any such result.

"5. Is the opening prompt to close after the tent is removed?—Always in my cases. I therefore do not hesitate to use a tent for from two to four days after the operation of ovariotomy in *any* case, unless I feel very certain that no fluid will remain or will accumulate, in the peritoneal cavity.

"I should add that all the seven patients whose cases I have related were much below the average, as candidates for ovariotomy, in respect to strength and general health, with the exception of No. 3, who was in fair condition at the time of the operation."

CONCLUSIONS.

"1. Intra-peritoneal injections of water, with the addition of liq. sodæ chlorinat. or carbolic acid, as before explained, are entirely safe after ovariotomy in the conditions requiring them.

"2. They should be used with a *curative* intention in

all cases of septicæmia already developed, and in all cases for *prevention* where it is feared, from the presence already of a fluid in the peritoneal cavity, whose decomposition will produce it.

"3. Thus used they will diminish the percentage of deaths from septicæmia after ovariotomy from one-sixth (seventeen and eleven-seventeenths per cent.) of all who die after it, to one-thirty-sixth * (two and sixteen-seventeenths per cent.); and increase the average success of ovariotomy from seventy to seventy-four or seventy-five per cent.

"4. Intra-peritoneal injections are never to be thought of except for the purpose of removing a fluid already in the peritoneal cavity, which either already has, or assuredly will have, produced septicæmia.

"5. A tent may be inserted for two to four days at the lower end of the incision, with entire safety, in any case of ovariotomy where the accumulation of such fluid is apprehended.

"6. Finally, septicæmia would more rarely occur after ovariotomy if all fluid were removed from the peritoneal cavity by the most careful sponging before closing the incision."

The Transactions of the Philadelphia Obstetrical Society in this number are replete as usual with interesting cases:—

" Dr. Pepper related the following case of vaginismus:—Æt. 20; nervous temperament; healthy parentage; in poor health for two years back; dull, depressed, irritable, and at times very easily excited; constant cervical and occipital headache, and dull, ill-defined lumbo-sacral aches. No vesical or rectal disturbance, nor leucorrhœal discharge. Became engaged to be married about a year ago, and al-

* Since they save five-sixths of the cases, or reduce the mortality from septicæmia to *one-sixth of the original proportion.*

most immediately lapsed into a highly hysterical and irrational state; crying and pouting over even the utmost devotion of her lover; often remaining for days in a condition of pseudo-narcotism, only occasionally arousing herself up to complain of headache. She was humored to the last degree by her friends and betrothed; and being considered by her physician to be suffering from malarial poison, was dosed with tonics, quinia, iron, cod-liver oil, and alcohol. Constantly losing flesh, and assuming a marked chlorotic appearance; always worse at the menstrual period. Was married last autumn; but, on attempting marital intercourse, her husband found that the slightest touch was followed by violent spasm of the sphincter vaginæ, intense pain, and hysterical crying which lasted one or two hours. After two or three attempts they were compelled to live a non-sexual life, although both had unusually violent animal passions. After three months of such an existence, Dr. Pepper was called in. He found the menstruation regular and painless; no rectal or vesical disturbance; no vaginal discharge, but a return of all the old distressing chlorotic symptoms described above. At first Dr. Pepper advised warm hip-baths, unloading the bowels, and the use of vaginal suppositories of opium and belladonna to alleviate the pain. But no result was produced; the suppositories were imperfectly introduced, as this caused as much pain as the act of copulation. An examination was now made under ether; the parts were small, but well formed; the hymen intensely red, circular, fleshy, and with a minute central opening. On forcing the finger through this opening the cervix was felt low down, large and spongy; the os patulous and surrounded by granulations. The hymen was forcibly lacerated, and the sphincter vaginæ paralyzed by violent stretching. Smith's base-expanding bivalve speculum was introduced, and widely

distended; the cervix was found covered with raspberry-like granulation; the canal patulous, and freely discharging a gelatinous mucus.

"Sound entered just one and a half inch. After wiping out the cavity of the cervix, argent. nitras was thoroughly applied to the granulations, external and internal, and to the remains of the hymen. A small pledget of greased lint was left in the vaginal orifice, and one grain ext. opii aquos. introduced into the rectum before the effect of the ether was allowed to pass off. She had slight soreness next day, but Dr. Pepper was able to pass, without much difficulty, the middle size of Barnes's dilators, roughly smeared with ext. belladonnæ; this was inflated and left in situ for two hours. For a week, on every succeeding day, this dilatation was carried out; at the end of which time a Cusco speculum was introduced, and the diseased surface thoroughly cauterized. From the commencement of this local treatment the improvement was most marked; and although she had occasional relapses of the old nervous disturbance, the vaginismus never returned, and she is now quite well."

(To be Continued.)

EDITORIAL NOTES.

"Injudicious," as it was applied seventeen years ago to an article we published the month before last,* is a word the true meaning of which we all understand. Does not, however, its use in such cases react with terrible force upon those who thus block the wheels of progress?

See what the effects have been in the present instance.

*See this Journal, March, 1872, p. 194.

A college instructor sums up the result of thirty years' thoughtful observation, and finds that he has discovered the cause, before unknown, of a vast deal of disease and suffering. It is a matter affecting the welfare of the whole community, and clearly within the province of medical men. He is called upon to publicly discourse to a graduating class and to the profession, and, full of enthusiasm, he takes this occasion to announce to the world his inspired conclusions. Then fell the wet blanket—he has told our readers the rest.

The cool assurance of Dr. H. J. Bigelow, or rather his "injudiciousness,"—recollect that it is we ourselves that are now speaking and not the gentleman who has so patiently preserved silence for these long years, lest he might seem by word or deed to injure the school he used so to love,—Dr. B.'s course was only equalled by that of a prominent officer of the Massachusetts Medical Society towards Dr. Bowditch, at the time that this gentleman first announced, in the annual address for 1862, that new law in the causation and development of consumption, which has given, we may reasonably hope, a clue to the mastery of this terrible disease. Dr. Bowditch was told that it would be "injudicious" to publish his views as plainly as they were spoken—that it would be well enough to print them in smaller type as a mere appendix to the address, but that he should only present in a form to catch the eye the comparative platitudes with which men ordinarily commence and end a public lecture,—husks, as it were, that may or may not enclose something of value. As was to have been expected, Dr. Bowditch replied, "Either print my address as it was delivered, or not at all!" It was accordingly published in a proper manner.*

At the time that the leaven of the senior Storer's lecture was so dexterously stolen from it, there were editors here,

* Medical Communications of the Massachusetts Medical Society, 1862, p. 59.

Drs. Wm. W. Morland and Francis Minot, who expressed their regret in appropriate terms.* The importance of the points that were made in 1855, though they were then suppressed, is now everywhere recognized by medical men. In our own publications upon these subjects, we have from the commencement acknowledged† our indebtedness to the elder S. for the first suggestion of the ideas that, in one way and another, we have endeavored to still further develop—the detrimental effect upon the physical health of women, of criminal abortion and of uncompleted intercourse,—and from the outset we have urged upon him to publish the paper that after all these years now sees the light. We felt that the silence of the profession with regard to these unphysiological practices, that were fast becoming universal, would be interpreted by the community as a tacit approval—"an abetment" indeed of the crimes "by medical men,"—and, in a paper with the title just quoted, read before the Massachusetts Medical Society at its annual meeting in 1866, we used the following language:—

"As to the physical evils of forced abortions and of the prevention of pregnancy, no one who is at all devoted to the study or treatment of the diseases of women can have failed to perceive them, and yet scarce an author has dared to approach this subject. Not a word upon it is said by Whitehead, the best English authority upon abortion and sterility; not a word by Gardner, of New York, the best American systematic writer upon the latter topic, and it has not been referred to by Marion Sims, in his work just published. The evils alluded to seem to have first been distinctly pointed out to the profession by my father in 1855, in an Introductory Address, delivered

* Boston Medical and Surgical Journal, December 13, 1855, p. 409.

† North American Medico-Chirurgical Review, Philadelphia, Jan. 1859, p. 65; Transactions of the Am. Med. Association, vol. xvi., 1865, p. 122, etc.

to the class at Harvard Medical College; and yet such was the fear of the faculty at that time lest the facts in the case had been misobserved, or lest erroneous conclusions had been deduced from them, or lest their avowal might prejudice the school in the eyes of the community, that they urged upon their lecturer the suppression of the very pith and marrow of his address. I am sorry to say that the gentlemen carried their point, but I know that the concession was only one of courtesy, and by no means one of conviction. If our alma mater, in any of her provinces, ever fears to allow the truth to be spoken, she is recreant both *Christo et Ecclesiæ* and to all her old traditions, and one at least of her sons will not hesitate to upbraid her for violating the ethics she herself has taught him."*

But let by-gones be by-gones. One of the topics indicated, that of the physical detriment to the female of uncompleted intercourse, is still comparatively fresh to the profession. We shall therefore call attention to two recent publications, whose perusal will well repay our readers. The first of them is a clinical lecture upon "Conjugal Onanism and other Sins," by Dr. William Goodell of the University of Pennsylvania,† which strikes squarely home at the "prurient prudishness," as Charles Reade would call it, of those over-conservative physicians who will not heed the teachings of modern gynæcology.

The second of the articles to which we have alluded, is a thin but yet weighty volume by Mr. John Bigelow, late United States Minister at Paris; to which our attention was directed some months since, when in New York, by Prof. Fordyce Barker.‡ It contains a statement of the most startling character, and yet, from all the circum-

* New York Medical Journal, September 1866, p. 424.

† Philadelphia Medical Times, February 1, 1872, p. 161.

‡ France and Hereditary Monarchy. By John Bigelow. London,—Sampson Low, Son and Marston,— 1871.

stances of the case undoubtedly reliable, describing as it does a blow at one of the very foundations of the Romish Church, that if successful would be subversive also of one of the greatest checks upon immorality that has ever existed. We shall therefore give to it more than a passing allusion.

Mr. Bigelow has been enumerating the various devices of political economists for ensuring public happiness and preventing national misery. He goes on to say:—

"This list of political nostrums to cure the consequences of a too faithful compliance with the instructions given our progenitors in the garden of Eden, would not be complete if it did not include one of more recent origin; but which, though emanating from an officer of the Latin Church, it is exceedingly difficult to speak of except in the 'disguise of a learned language.'

"Among the papers addressed to the late *soi-disant* Œcumenical Council, for its guidance and instruction, was one from a French ecclesiastic,* urging the Council, in view of the crowded state of many countries of Europe, to sanction processes hitherto regarded as sinful by the doctors of the Church, to render the marriage bed unfruitful; in other words, he recommends the Council to do its best to encourage a return to the state of social morals so ruthlessly satirized by a heathen poet some eighteen centuries ago:—

> "'Sed jacet aurato vix ulla puerpera lecto,
> Tantum artes hujus tantum medicamina possunt
> Quæ steriles facit atque homines in ventre necandos conducit.'†

"The author reviews, seriatim, all the objections, twenty in number, which ecclesiastical authorities have

* It is entitled, *De Onanismâ Conjugali;* to which is added in a note, *Onanisma conjugalis hic auditur quando vir, incepto actu conjugali modo debito, semen effundit extra vas fœmineum. Nihil aliud.*

† Juvenal, Sat. 6.

ever advanced to this mode of securing what he terms, 'the pleasures of matrimony' without its burdens, and gives at length, in a specific reply to each, his reasons for thinking the practice of those who, in the language of Minutius Felix, 'parricidium faciunt antequam pariant,' for various causes, and in the actual state of society, has become indispensable, inevitable, and therefore venial, and he prays the Holy Mother Church, by a formal decree of Council, 'not to cause the damnation of so many millions of souls by permitting directors to impose upon them prescriptions and prohibitions impossible to observe.'*

"The motive for asking the Church to relax the rigor of its policy on this subject, so far as that motive bears upon the inquiry we are prosecuting, is developed in his comments upon the 19th proposition; and it is so much less filthy than the rest of his argument, that I venture to cite it as giving some idea of the extent to which the danger, against which Malthus prophesied some seventy years ago, has developed itself under the auspicious influences of hereditary sovereignty, and communicated its terrors to the Latin Church.

"'It is not the sin which is new, but the circumstances which have changed. This practice has been spreading more and more for half a century, from the force of things. As Providence does not multiply animals where they have not wherewithal to eat, so it will not require reasonable man voluntarily to multiply where there are no longer the conditions for his subsistence; human calculation, pecuniary motive if you will, but a calculation inevitable as destiny. Countries enjoying the faith do not thus calculate it is true, and so long as obedience is possible, they will obey without a murmur to the priest; but a day will come when the prevailing doctrine will be inapplicable

* Documenta ad illustrandum Concilium Vaticanum anni 1870. Gesammelt und heraus gegeben von D. Johann Friederich, Professor der Theologie in München, p. 289.

to them also, and hence we earnestly plead for reform, other times, other customs. The laws should change with the customs.

"'We see the Church wisely modify its precepts, and put them in harmony with the epochs, the countries, the circumstances; it is certain that if it has allowed itself to enforce a preconceived sentiment against the practice in question, it ought to-day to modify it. Formerly it excommunicated players, yet we have lately seen it accompanying to her last resting-place an unfortunate ballet-dancer, Emma Livry, whom all the other dancers in uniform followed, and whom the clergy preceded, the cross in front. So in the early days of tobacco, the Church repeatedly excommunicated those who made use of it. To-day a small number of priests smoke, and nearly all snuff. So, again, for a long time taking interest for the use of money was anathematized, and those who a century ago were denounced for this act, might do it to-day in perfect freedom of conscience.

"'Well, we ask no more. If the Church had ever pronounced formally against the practice in question, which it has not, we pray it, not to repudiate this pronounced decision, however much it is in disaccord with the march of humanity, but at least to close its eyes; for it will be powerless to repress it. And if any formal interdict does not exist—if it is merely a question of prejudice and habit—let the Church examine it, and let it have pity on the many souls that are being lost.

"'We know, and every one knows, good and zealous Christians, diligent in all their duties, except that they cannot approach the sacraments because they cannot obey their confessors on this point.'

"In summing up the case, the writer states that confessors are instructed by Rome to interrogate as little as possible on this subject, and that the clergy, while

apparently unanimous in support of the accepted doctrine of the Church, take note of all the considerations which extenuate the sin of its violation."*

We have reproduced the above in no unfriendly spirit towards theologians, but that the medical profession may judge to what a frightful extent the great cause of uterine disease that Dr. Storer, senior, first pointed out as such, is now playing its part in the disorganization, physical as well as spiritual, of the world.

* "The extraordinary paper, above quoted by Mr. Bigelow, closed as follows: — 'This dissertation is made for the august Assembly met at Rome. Not a single copy will be distributed outside of the Roman Catholic Apostolic Church. Let the Church judge with knowledge, and pronounce with pity.' — *December*, 1869." Loc. citat. p. 44.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. VI.] JUNE, 1872. [No. 6.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

SIXTY-SIXTH REGULAR MEETING, DECEMBER 5, 1871.

The sixty-sixth regular meeting of the Society was held at Hotel Pelham, on 5th December, 1871, the President in the chair. Present, Drs. Lewis, Warner, Bixby, Weston, Martin, Field, Hazelton, Blake, and H. R. Storer; and by invitation, Drs. J. F. Fitts of Francestown, N. H., H. L. Norris of East Cambridge, and Granger of Boston.

The records of the last meeting were read and accepted.

The Secretary presented in the name of Signora Christine Lazzati of Milan, two photographs of her late brother-in-law, the late Professor Pietre Lazzati, a corresponding member of the Society, whose decease was announced at a late meeting, and also a copy of the funeral discourse in his honor, delivered by his colleagues, Drs. Griffini, Pini, and De Cristoforis.

Upon motion the President of the Society was requested

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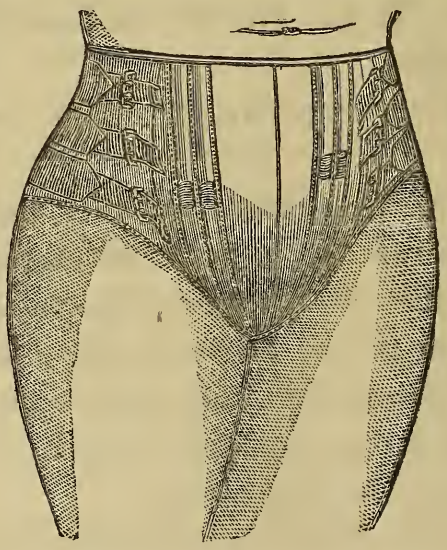
to convey to Signora Lazzati an expression of its sympathy in her bereavement.

The Secretary announced the donation to the library from Dr. Edward Wigglesworth, Jr., of Boston, a monograph upon Alopecia, by himself.

The Secretary read letters in acknowledgment of their election to corresponding membership from Drs. Schwartz of Grönigen, H. H. David of Montreal, J. H. Pooley of Yonkers, N. Y., and L. Firestone of Wooster, Ohio.

Dr. Granger exhibited, on behalf of Messrs. Codman & Shurtleff of Boston, the following gynæcological instruments, of recent invention; Dawson's ovariotomy clamp, Nott's rectilinear écrasseur, and the artery compressor, of the same gentleman; Stockton Hough's speculum, which permits a parallel motion of the blades in addition to the usual angular one, and that of Byrne of Brooklyn, N. Y.

Dr. Bixby exhibited in behalf of Miss Merrill of this city, a new abdominal supporter, invented and manufactured by herself, and known as the "MERRILL SUPPORTER."*



The article is made with a round point, and to fit that portion of the abdomen below the umbilicus; passing entirely around the body, it is fastened at the sides by

* Patent applied for.

means of elastic straps and buckles. The advantages claimed for the supporter are the following:

1. The employment of spiral wire for stiffenings, instead of steel, whalebone, and other unyielding materials, which generally enter into the construction of supporters and corsets.

2. It is claimed that from the peculiar shape of the supporter, the force exerted by straightening the elastic straps is to raise the abdominal walls.

Dr. Bixby stated that he had examined the supporter in question with considerable care, and it was his opinion that by substituting the spiral wire for the less yielding materials, a great desideratum had been attained. Any lady who has ever been harnessed up with an amount of steel, leather, brass, etc., etc., weighing a trifle less than fifty pounds, and forbidding every position but the erect one, will readily appreciate a modification, which, while it affords all necessary support, yet allows of every motion of the body, without the slightest discomfort to the wearer.

In regard to the use of external supporters, Dr. B. had already expressed his views at a former meeting,* on which occasion he had also presented the views of the M. Velpeau, the celebrated French surgeon. He would repeat what he said on that occasion, namely, that while he should not think of recommending external support indiscriminately, there were many cases among the well, as well as the sick, where it afforded great comfort.

The Secretary presented in behalf of Dr. J. V. Ingham of Philadelphia, a

NEW FORM OF GALVANIC STEM PESSARY.

In its composition, very slender coils of zinc and copper wire are twisted upon each other, and Dr. Ingham

* Vol. iii., p. 8, 1870.

thus speaks, "I have used it in a few cases of obstinate menorrhagia occurring, in a sub-involved uterus, and with great benefit, and shall at no very distant day report the results to the Obstetrical Society of this city. If this instrument has any advantage over the other forms of galvanic stem pessaries, it is only in its flexibility which enables it to be introduced and retained in any uterine cavity, however flexed it may be, and in its elasticity which tends by a constant pressure upon the fundus uteri, to restore the the canal to a normal position. It also, I think, lessens the danger of injury to the uterine walls. The tube is left patulous in order to serve as a drainage tube, and afford free vent for the profuse leucorrhœa that necessarily induces. The two small holes in the bulb are for its introduction. The one that I send you, owing to an error of the maker, is of rather larger diameter in the stem than I desired, but will serve to illustrate the principle. I may have over-estimated the value of this flexibility and elasticity, but that can only be proved by extended experience."

Dr. Blake liked galvanic stem pessaries, but was inclined to prefer the current more directly applied. He had tested galvanism at the City Hospital, and had found it efficient where other measures had failed. Enough, he thought, had not been done in this direction, and practitioners should more generally avail themselves of the instructions, respectively conveyed, in the Published Works, by Garratt, and Beard & Rockwell.

Dr. Martin was also of opinion that the profession was not alive to the benefit rendered possible by galvanism. The old-fashioned apparatus was too clumsy, and not easily broken if carried to a patient's house. He had lately seen instruments not larger than a duodecimo volume, and weighing not more than a pound, that were very powerful. Indeed there were but few persons that

could endure the intensity of the third current as thus applied. He considered that if manufacturers but consulted their own interests, all sorts of mechanical appliances would be much cheaper than at present, and it should be the aim of every member of the profession to do what he could, and in every way possible, to compel a reduction in their prices. As in point, Dr. Martin referred to a late experience of his own. He had desired to test that invention of Dr. Green's of Portland, known as the spring ligator for securing the ovarian pedicle, and had given an order for one in ignorance of its price. He had since had to pay for it, the modest little bill of somewhat over thirty dollars.

Dr. Storer was glad to see so much interest shown in the inter-uterine application of galvanism. To demonstrate however, that the subject had not been wholly ignored here in Boston, Dr. Storer exhibited apparatus of various kinds that he had employed for nearly ten years, consisting of electrodes for the cavity of the uterus, with movable sliding shields of rubber, conducting forceps for grasping the external and internal walls of the cervix; etc.

Dr. Martin remarked that by Dr. Storer's proof that supposed novelties are not always such, he was reminded of an incident of his own experience. A great deal had lately been said, and very justly, of a new probe or probang invented by Dr. Sayre of New York. He had himself however, many years ago, devised a very similar contrivance, which he now exhibited. It consisted of a string of beads, of tapering and regularly graduated size; upon tightening the string upon which they ran, it was made stiff, but from the beads fitting into each other, it retained any position given. He had invented the instrument for the diagnosis of the angle or curve of uterine displacement for which purpose he had

found little aid from the sound, so difficult to introduce into a flexed uterus, or from the delicate probe sometimes used for the purpose, during its withdrawal. It should be recollected, so far as the uterine sound was concerned, that in many cases where it could not otherwise be introduced, it was only necessary to lift the fundus uteri by a finger applied in the vaginal cul-de-sac. The moment the organ was thus straightened, the sound usually entered at once without any difficulty.

Dr. Martin exhibited a most exquisite specimen of cast taken by a

NEW METHOD OF DUPLICATING NATURE.

This method was the invention of Dr. Julien Ledior of Paris, * and was first brought to his own notice, last May, by Prof. Frank H. Hamilton, who then exhibited to him casts taken during a sterno-plastic operation, by which the minutest details, even the glazing of the raw surface of the wound was perfectly preserved. The especial case referred to, as Dr. Martin was informed by Prof. Hamilton, constituted

ANOTHER INSTANCE OF DEATH FROM SULPHURIC ETHER.

The process of M. Ledior described above, had been applied to the most difficult tests, and had produced unexpected results. The casts were so pliable that all the different peculiarities between chancre and chancroid, for instance, as in the specimens exhibited by Dr. Martin. Dr. Martin had endeavored in behalf of the inventor to have a series of the casts upon exhibition at the last annual meeting of the Massachusetts Medical Society, but they did not arrive in season, and were consequently seen by but few of the members. At the time, however, he

* Now of 15 Bleecker Street, New York.

had been, it would almost seem, studiously misrepresented in the report published in the Boston Medical and Surgical Journal. At that time he supposed that the preparations by Ledior were in every respect superior to those of Baretti of Paris, and all others. Since visiting Dr. Wigglesworth's Dermatological Cabinet, however, he would allow that for artistic beauty, wax preparations might equal these, but they were on the other hand excessively fragile, and could hardly endure, even without handling, the risks of a single course of lectures, while these upon the other hand, might be submitted to excessive violence without injury. They were moreover exceedingly cheap, and he looked upon them as marvels, alike of artistic skill, and as aids in instruction. Dr. Martin was desirous that M. Ledior should be better known by the profession, as he both deserved and needed its support.

Dr. Martin regretted that he had not been able to bring more specimens of the new method with him to the meeting. That exhibited, a cast of the male abdomen, of natural size, with its appendages, certainly demonstrated the tetenima cause of a good deal of gynæcological disease.

The following letter to Dr. Martin from M. Ledior himself, gave some information concerning him and his process in addition to what had just been said.

"I am a pupil of Drs. Felix Thibert and Bourgery of Paris. Dr. Thibert is the inventor of models in relief of pathological anatomy, made of papier-maché. His collection was the most complete one that had ever been executed, and the best in regard to the care with which the cases had been selected and classified in every branch of pathology. After the death of Dr. Thibert, Dr. Bourgery took the succession of his business, until he died a few years after. Then I went to work for my own

account. This was eighteen years ago. I tried to improve Dr. Thibert's process, with but very little success. I met with the same difficulty, the opacity of the material employed, (papier-maché) for want of transparency, on account of that I was obliged to abandon it. I began to work wax though I did not like it; continuing nevertheless my researches to find out a substance or a composition fit to replace it. Though anatomical wax models are far from being an exact fac-simile of nature, they have hitherto had the priority over all other reproductions. Generally they are very attractive by their nice appearance, the transparency is perfect, rather exaggerated, the colors are so fresh that some of them seem as if they were made of candy. It is in skin diseases that wax or rosin mixed with wax, has given the best results. Generally wax models, especially in demonstrative anatomy, and internal pathology are always modelled, the consequence is that they never strictly represent nature. Moreover wax specimens are easily deformed by heat, they lose their colors, and they are so fragile that they cannot be used for demonstrations in public lectures.

" I came to New York four years and a half ago, and after some time passed in this country I was more convinced than ever, in regard to the climate, that another material than wax should be employed for anatomical reproductions. It is only fifteen months since I tried, for the first time, that elastic composition I exclusively use at present. Of course, in the beginning, the models I made were much more inferior than those I actually prepare. I have much improved the compositions and the coloring. I can obtain opacity, transparency, hardness or softness according to the tissue I have to imitate. The models may fall without being the least injured. The great advantage with this composition is, that it can be cast in moulds made of any single piece, whatever the

relief may be, consequently no lines left by joints of ordinary moulds used to cast wax or papier-maché, which lines one is obliged to scrape off, alters the details. when required these models can be washed with a soft sponge and water."

The Secretary read a letter from Dr. Wm. H. Newman of Louisville, Ky. in continuation of what had already been communicated by that gentleman to the Society, concerning

THE PERFORMANCE OF OVARIOTOMY WITHOUT ANÆSTHESIA.

Dr. Newman's letter was dated November 23, and was as follows:—

"My operation without anæsthesia was, at the time I telegraphed you, very satisfactory to all parties, and for two days after the operation we were all delighted with ovariotomy without chloroform; but on the third day the patient lost her appetite, sank rapidly, and died on the fourth day. This result with chloroform would have been what probably all of us should have expected under the circumstances; but seeing how little pain there was during the operation, and how comfortable our patient appeared afterwards, we had all begun to expect her to recover, when suddenly our hopes were disappointed.

"We had, first of all, to deal with an old woman in rather feeble health, and during the operation, with extensive and very firm adhesions to the abdomen and to the mesentery, which gave us a great deal of trouble during the operation, and much anxiety afterwards.

"The pain during the operation, which occupied twenty-five minutes, was positively trifling. The patient fre-

quently declared that it was little greater than the pain which attended the previous tappings to which she had submitted. There was no nausea for forty-eight hours after the operation, and then only when food was forced upon her after she was too low to digest it.

"An examination of the abdomen was allowed two or three hours after death. The skin along the incision was nowhere united, but the muscular parts and the peritoneum were throughout and very firmly united. There was no peritonitis; no coagula; no offensive odor. There was as much as an ounce, or a little more, of brownish or coffee-colored serum in the cavity. The parts involved were clean and looked well.

"I cannot doubt that my patient would have died, and in a shorter time after the operation, had the depressing effects of chloroform been added. Still, this is a mere opinion. The matter can, I think, be settled only by a larger number of cases, or experiments, if you choose. Certain it is that the pain is not so great as to render anæsthesia necessary, nor was I able to perceive, nor can I now understand in what way chloroform could have been of the slightest advantage in the case. Taking the case all in all, the opinion which I had previously formed and expressed, namely, that ovariotomy ought to be performed without anæsthesia, is unchanged."

Dr. Martin thought the above letter a very important communication. He had assisted in a great many cases of ovarian section, and had been surprised at the comparatively slight amount of anæsthesia that was required to be induced. In many cases of this kind he had observed that the patient, even though sensible of the merest pinch of the skin, was perfectly unconscious of all internal manipulation. Most of the pain was occasioned by the first incision. After this point there seemed even less sensibility than during amputation. No one

could doubt that in most of the fatal cases of ovariotomy the balance had been turned by the occurrence of vomiting which was more apt to occur when an anæsthetic was given. It would be a great advance in the treatment of these cases if the induction of general anæsthesia could be dispensed with.

Dr. Storer reminded Dr. Martin that by his absence at the previous meeting of the Society when this question had been discussed,* he probably did not appreciate, as he would have done, the importance for the surgeon's sake, of having the patient unconscious during the anxious consultations that were always visible to be rendered necessary. Some unexpected complication, and for the patient's sake that she might be spared such additional cause of shock, it was just as necessary to prevent her hearing what was going on as her seeing it.

Dr. Martin was not inclined to allow this to be the case. He thought that if the patient were thoroughly alive to his doings the surgeons would be compelled to complete the work in a much shorter time than was now considered necessary, and that this would be an advantage to both if this were the case, the surgeons would be more likely to anticipate all complications before they found to be present. It must be a disadvantage for instance to keep the abdominal cavity open for any length of time, as was now so often done. Surgeons of the present day seem very generally to have lost the promptness and decision that characterizes those of older times. He had lately been present at the City Hospital, for instance, during the performance of Brasdor's operation upon the carotid. At the end of an hour and three quarters when he left, the operation was not nearly completed, and he understood that it took as much longer a time. Such work as this was not a triumph of surgery,

*See this Journal.

but a triumph of puttering, and would have disgraced a surgeon of twenty years ago. The only redeeming point about it was, that six hours had not been taken instead of three.

Dr. Storer stated that he for one was fully amenable to Dr. Martin's criticism, for he always made it a rule in his own operation to restrain the instinctive desire we all had to accomplish the work as rapidly as possible, and to do it deliberately, and therefore he thought much better. It might be for the éclat of the surgeon to have a crowd of by-standers watch in hand, timing time to the second, but it was certainly not for the best welfare of the patient. This remark was applicable to almost every operation in surgery, but particularly so, perhaps, abdominal sections of which Dr. Martin had spoken. So far from aiming to close the abdominal cavity as soon as possible, he had long ago found it much more conducive to success to leave it open even for hours, until all risk of hemorrhage from detected adhesions had been done away with. It was here truer than almost anywhere else that haste made waste.

Dr. Martin feared that his language might have been misinterpreted. He fully agreed with Dr. Storer as to the importance of leaving bleeding surfaces to glaze, and took this way, as true of the peritoneal membrane as elsewhere.

John Hunter's opinion that the effusion of blood between the lips of a wound tended towards quicker union, was now given up, and coagulation recognized as an obstacle to recovery. He referred only to the time unnecessarily lost during the operation, and to the frequency with which in these days of anæsthesia, consultations were held over the unconscious patient. He did not think that patients ought so often to be considered like an incarnate clod that might be left indefinitely upon the

table. His own custom was to perform an operation as rapidly as possible, and to defer till a subsequent period whatever could be then postponed. In the case of an amputation, for instance, he would finally do up the wound some hours subsequent to the operation.

Dr. Storer replied that to this criticism of Dr. Martin's he was also fully amenable. So far as consultations over an unconscious patient being a disadvantage, these were often the surest source of safety. There was no danger, no matter what his experience, who could make a certain and trustworthy, differential, abdominal diagnosis previous to exploratory section. Even then questions of doubt might arise, as they constantly did during subsequent stages of ovariotomies, and a patient's life frequently hung upon the decision. He regretted that he must also differ from Dr. Martin with reference to the advantage of haste while operating. He was inclined, if anything, to err towards the other extreme. There might be gentlemen present who recollected one of two operations a year or two since, where the advantage of this was very apparent. The patient was from New Brunswick, and with cystic disease of both ovaries. There were extensive adhesions, and one was down within the pelvis, impacted below the rim. While detaching and forcing it up the patient got collapse, and for half an hour she was in extreme pain. During this period all operative procedures were suspended, and the attention of all devoted to establishing the circulation and respiration; this having been accomplished, Dr. S. leaving the patient in charge of a competent person, repaired with his assistants to the dining-room, where more than an equal period of time was passed in refreshments. The operation was then completed, both ovaries were removed, and the patient recovered. It would be recollected that Dr. Jordan of St. John spoke of this

case at the last meeting of the Society. He had been present at the operation, and reported the woman as now in perfect health.

Dr. Martin would allow that his criticisms concerning consultations, during an operation, did not apply to the case of experienced Surgeons who had constantly sent to them the most exceptional cases. What he desired to say, was, that the Surgeons should be ready for all emergencies that might reasonably be expected in such a case as that described by Dr. Storer, it was of course perfectly proper to take all the time that seemed required. There had certainly, however, seemed a tendency since the discovery of anæsthesia, to loiter rather than to hasten in operative surgery, and it was this spirit to be deprecated when carried to an extreme, that he was criticising. He had thought anæsthesia a great blessing in ovariotomy surgery, but a mixed one in abdominal cases. He had been led to believe that the question of vomiting, was more important in these than in most other operations, because of the depressing effect upon the pedicle and of the womb, induced by such spasmodic action of the diaphragm. It was his own opinion that such operations, so great is the variety of complications that may occur, should be left to those who make them their own especial business.

Dr. Storer said that this last remark of Dr. Martin's, reminded him of the quotation made by Dr. Lyman of this city, some years since, while summing up the Ovarian Statistics then upon record. "This portion of my essay," says Dr. Walne, who says, "still less, let me be supposed to advise, that any surgeon should engage in the performance of this operation who has not, by habits of operating, yet more by long habits of careful observation and treatment of disease generally, and by very considerable and studious examination of the nature and

connections of this particular disease, and the tendencies of the viscera which may be involved in mischief by an ill-judged operation, or ill-conducted after treatment qualified himself to cope with difficulties from which it is unreasonable to expect an exemption.* Words of sound judgment" continues Dr. Lyman, "which are commended to the careful consideration of that numerous class of individuals who look upon Ovariotomy as a very simple operation, requiring as particular surgical skill.† "

Dr. Storer reported a case illustrative of the

DIFFERENTIAL DIAGNOSIS OF UTERINE FIBRO-CYSTS,

and remarked that it was also very pertinent to what had been said with reference to the advantages of anæsthesia in abdominal sections. The case was one of exploratory section that he had performed since the last meeting of the Society. The patient, an English lady of some thirty-seven years, had come to him from Dexter, Me. The abdomen was filled by a large tumor of nearly equable shape, and another occupied the cavity of the pelvis. Douglas fossa being entirely filled, and pressed over against the perineum to such an extent as to render it extremely difficult for a finger to be passed into the rectum or vagina. The uterus was displaced upwards, to such an extent that the os uteri could not be reached. Dr. Storer examined the patient with Dr. Warner, and subsequently Dr. Wheeler met them both. There was a certain elasticity to the abdominal tumor, but not so much to the pelvic arc. There was an obscure sense of fluctuation in the former under these circumstances. It was the opinion of them all that while there might possibly

* Ashwell Diseases of Women, p. 666.

† History and Statistics of Ovariotomy, Publications of the Massachusetts Medical Society, Vol. i., No. 1, 1856, p. 123.

be present cystic disease of both ovaries with the inpaction of one of them within the pelvis, the case was probably one of uterine fibro-cyst, and an operation was not advised. The patient however, had suffered so much discomfort from her condition, that she begged for an exploratory section. This was accordingly made on December 6th, at Chelsea, in the presence of Dr. Wheeler of that City, Francois of Saugus, and Warner and Bixby of Boston. The abdominal tumor was found to be an immense interstitial fibroid, occupying the whole anterior wall of the uterus, and resting upon the alæ of the pelvis. There was so strong a sense of fluctuation after the abdominal wall had been divided, and the fingers were allowed to come directly into contact with the mass, that one or two of the gentlemen present could hardly believe that it contained little or no fluid. Dr. Storer expressed his belief that none would be found, and after stating the risk of uncontrollable hemorrhage that would attend the use of a trocar of any size, he inserted the capillary trocar of Diaulafoy's exploring aspirator to its very hilt, and then very powerful suction being made by the air-pump, nothing but fresh blood could be elicited; upon withdrawing the canula there was slight hemorrhage from the point of exit; the latter was readily checked by pressure of the finger by Dr. Wheeler. The wound was then closed. There was some purulent discharge for several days, but under Dr. Wheeler's watchful care the patient was now convalescent.

Dr. Martin exhibited a specimen of

POLYPUS OF THE RECTUM

removed by himself. He imagined that this affection must be extremely rare, as he had seen but this one case during a practice of twenty-five years. Baker Brown

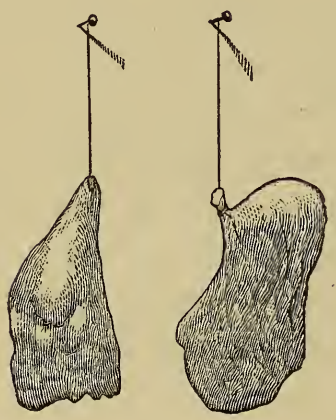
had stated in his chapter upon diseases of the rectum, that in anal fissure there almost always exist a small polypus opposite the fissure, standing to it in the relation of cause to effect, by its pressure causing irritation, and occasioning infiltration of the tissues, etc. Dr. Martin thought that the statement must be incorrect. He indeed believed that true fissure was itself very rare. In the few cases of it that he had seen, he had looked in vain for the accompanying polypus mentioned by Mr. Brown. In the case now reported he had been asked to remove some hemorrhoids, and during the course of the operation had discovered the polypus attached above the sphincter. That there might be the doubt as to its nature he would also show the hemorrhoidal meshes that he had removed at the same time. It would be seen that they were very different. There had at no time been hemorrhage.

Dr. Storer stated that Dr. Martin was undoubtedly correct as to the variety of rectal polypus. He had himself had considerable experience with rectal disease, and had seen but two or three instances of it, never a case in which the polypus at all approximated in size to that exhibited by Dr. Martin.

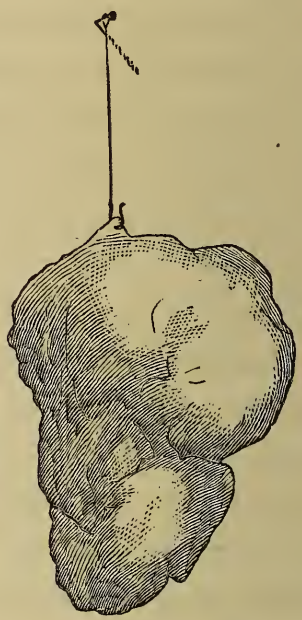
"HIGHLANDS, *Jan.* 12, 1872.

"DEAR DR.:—The same reason that prevented my attending the last two meetings of the Gynæcological Society, and prevents my doing in fact, all that I would *most like* to do, pressure of infinite business, cow-pox, and others, has delayed the enclosed. S. C. M. are initials of my second son, in his second medical year. The piles I sketched to disprove the possible surmise, that my polyp was an old pile merely. The piles were extremely large and in alcohol, have shrunk to the present size in proportion to the polyp. The patient carried this clapper in his 'Bayau Culier' for fifteen years without pain, to

speak of, and without bleeding at all. Singularly enough a few days ago a half dried mass was brought to me, and also a boy of eight or nine, who had dejected it with three or four ounces of blood. On maceration in water it resumed its original proportions, and proved to be a polyp with clearly marked mucus, follicles and remains of pedicle. Curious enough, wasn't it? I will bring it to the next meeting I shall be able to attend."



Two old and very large external Piles, removed at same time.



Rectal Polyp, exact size and aspect, after several month's maceration in alcohol.

The Secretary read a letter from a corresponding member of the Society, concerning a case of

SUPPOSED SPONTANEOUS COMBUSTION OF NAPKINS SOILED BY THE MENSTRUAL DISCHARGE.

The writer was well known to members of the Society, but from the fact that the patient was his own wife, he did not desire that his name should be printed.

The letter was as follows: —

"About six o'clock yesterday morning my wife said

that something was burning, which smelt like paper. On searching for the fire we found smoke in the bedroom, and fire in the closet, issuing from three napkins soiled with menstrual fluid, one of which had been placed there only about half an hour previous. At that point the floor was somewhat burnt, as also the outside of a small basket which stood near. The most recent cloth was not much burned. The other two had remained there only since Saturday, three days, for on that day she did her washing. We slept the night before in the bedroom out of which the closet opened, and keep no servants in the house. My wife is not a person who would build a fire for effect. Had it not been discovered when it was, my loss would have been great, of valuables in a trunk in the closet, aside from the danger to the buildings. If you believe, as *I most certainly do*, that spontaneous combustion will take place from the decomposition of the menstrual fluid, let it be generally known."

The doubt was expressed by several members, without calling into question any of the facts observed, whether it were possible for them to be explained in the manner indicated. The communication goes upon record for the purpose of eliciting similar observations, if such have been made.

A communication was read from Dr. W. S. Brown of Stoneham, detailing a late

VISIT TO THE NEW YORK STATE WOMAN'S HOSPITAL.

Dr. Brown's communication is as follows:—

"During last October, I paid a short visit to the New York State Woman's Hospital, an institution originally started by Dr. J. Marion Sims but now under the care of Dr. Thomas Addis Emmet.

Both of these gentlemen have rendered invaluable services to gynæcology, more especially in the surgery of Diseases peculiar to Women. In curing vesico-vaginal fistula and ruptured perinæum, they have simplified the steps of each operation about as much as seems possible, and the successful results of their operations prove that in surgery, as in everything else, the simplest way is the best way. Dr. Emmet, indeed, possesses a positive genius for seizing the salient points of a case, and, by patiently studying each individual case as a separate problem, often succeeds after other skilful surgeons have failed. As a dexterous 'cunning' operator he stands in the very front rank of American surgeons; and, in his specialty, it is doubtful if any European surgeon now living excels him.

"I do not propose to describe the building, with its peculiar arrangements for the comfortable treatment of patients; these must be seen to be appreciated, and will richly repay a visit from those interested; but I may say that in my opinion, they are as nearly perfect as a large hospital in a crowded city can be.

"Dr. Emmet attaches great importance to preparatory treatment, with the view to restoring the tissues to a healthy condition before operating. For this purpose he orders warm water vaginal douches several times a day, to the extent of two or three gallons at a time; warm sitz baths; astringent lotions; and the free division of cicatricial bands when necessary. If the hemorrhage is considerable, Dr. Sims' glass dilator is inserted. This is a tube about three inches long, slightly conical, open at one end, closed at the other, and an inch and a quarter or an inch and a third in diameter at the largest part, near the open or outer end. There is a depression or sulcus on one side for the urethra and neck of the bladder.*

* Sims Uterine Surgery, p. 328.

Should the hemorrhage still continue a tampon of damp cotton can be introduced, bit by bit, at the sulcus, rotating the glass plug until a circular tampon has been inserted.

"One of the first things that strikes an observer is Dr. Emmet's substitution of *scissors* for the knife, the latter being very rarely used in his operations. The advantages claimed are,—less risk of subsequent inflammation; a smaller loss of blood, and a gain of time. Experience has demonstrated that when the pelvic tissues are clipped with scissors, lacerated by hand, or gnawed with the ecraseur, the risk of inflammation following is reduced to a minimum. It is a fact somewhat difficult of explanation, but still it is a fact that inflammation is much more likely to follow the use of the knife in the pelvis, than of any one of the methods just mentioned. There can be no reasonable doubt that less hemorrhage is attendant upon the use of scissors than the knife, a circumstance often of great service to the operator, as well as saving to the patient. Since the publication of Dr. Emmet's work on 'Vesico-Vaginal Fistula,' in 1868, I have used scissors in numerous minor operations, and am fully satisfied that the hemorrhage is less. The freshening of the edges of a fistula can be done in about one-half the time with scissors, with a greater certainty of leaving no part of the surface undenuded.

"After the bleeding has stopped, moist warm sponges are used to wipe the parts clean, and the freshened edges are brought together by sutures of pure silver wire (No. 28) drawn into place with a fine silk thread. The needle is round, with a slight curve near the point, and not more than three-quarters of an inch long. The wire is 'shouldered,' to allow space for the subsequent unavoidable swelling. The greatest care is taken to make sure that the parts come together without dragging or undue tension. To prevent puckering, the scarification is gener-

ally extended beyond the edges of the fistula lengthway, and four or five stitches to the inch are put in.

"Extreme pains are taken not to wound the mucous membrane of the bladder, either while scarifying or putting in stitches. Dr. Sims' sigmoid block-tin catheter, bent to fit the parts, so as to lie close behind the pubes, is inserted immediately after the operation (the bladder having been previously washed out with tepid water), and retained until perfect union has taken place. The stitches are generally removed within ten days.

"At the Woman's Hospital, one cannot fail to notice the care taken to avoid unnecessary exposure of the patient. If each patient belonged to upper-ten-dom, no greater care could be taken in this respect. The female nurses have been well trained and make excellent assistants. Surgeons who only operate at long intervals are obliged to depend on the help of their neighbors, and go through the most difficult manipulations without even the aid of a rehearsal; these assistants, with the aid of the house-surgeons, have become so conversant with their duties, through frequent repetition, that they supply what is needed in the very nick of time, almost automatically.

"Young surgeons who choose to apply themselves, have here a grand opportunity. Only those graduates who have passed a probationary period in a general hospital are admitted as *internes*, and are required to remain eighteen months, during the last six of which they may have charge of a ward.

"Regular physicians who feel interested in gynæcology are made welcome to visit the Hospital on Tuesday and Friday afternoons,—the operating days,—and may avail themselves of this privilege.

"The after treatment is as sedulously attended to as the preparatory. Indeed, much of the success so marked in

this institution is due to painstaking both before and after the operation. The patient lies most of the time on her back, with a double-inclined plane supporting the lower extremities, removed and replaced at short intervals. The catheter, of which two are used for each patient, is removed and cleaned by forcing a stream of water through it at least three or four times a day. A cup receives the urine as it passes; the nurse watching carefully that there is no obstruction to its flow. An opiate is administered daily to keep the bowels constipated. After the lapse of two or three weeks the patient is allowed to sit up, but no severe exertion is allowed during the first two or three months."

Dr. Martin considered the Woman's Hospital of New York the most instructive place of the kind he had ever had the privilege of spending a few hours in. Dr. Emmet possessed, to an unusual degree, the happy faculty of at once performing, displaying and explaining a difficult operation. He had seen one case there when, to close a vesico-vaginal fistula, no less than nineteen stitches were inserted high up against and involving the cervix uteri, in the space of an hour and a quarter.

He had been struck by Dr. E.'s statement that the application of cold water to a bleeding surface for the purpose of checking hemorrhage was not good practice, and that hot water should be employed. Dr. Martin had since then found the assertion to be true. By the new method bleeding was staunched much more effectually. Before seeing Dr. Emmet, he had become satisfied that cold water was of but little use.

Dr. Field asked if the remark applied to post-partum hemorrhage.

Dr. Martin replied that in such cases ice acted not as a styptic, but purely as a stimulant to induce uterine contraction, thus closing the sinuses.

Dr. Storer remarked, apropos to what had been said regarding gynæcological matters in New York, that his own observation had led him to an opinion he had often taken occasion to express, that probably no surgeon now living could compare with Dr. Emmet in the operation for vesico-vaginal fistula.

The Secretary read an extended paper from Dr. Kimball Favor of San Francisco, detailing from his own practice,

OPERATIONS FOR UTERINE TUMOR,

this being the first of a series of communications upon the Gynæcology of the Pacific Coast that had been promised to Dr. Storer by many of its physicians, whose acquaintance he had made while in California the past summer.

[Dr. Favor's communication was published in the Journal of the Society for March, 1872. p. 175.]

Dr. Storer stated that he had mentioned to the Society at a previous meeting his impression, based upon many cases under his own observation, that there existed not only a tendency to hypertrophy in the productions of the vegetable world, and to precocity in the development of animal life, but also a

TENDENCY TO FŒTAL HYPERTROPHY ON THE WESTERN COAST.

As was well known, the average weight of male infants, at birth, in our own region, as while in most parts of Europe, was from six and a half to seven pounds; while the average of females was perhaps a pound less. With us instances of children weighing ten or a dozen pounds at birth was very exceptional. In California, on the

other hand, Eastern women, who at home had borne small children, often brought forth enormous ones, which lived, and the mothers seemed but seldom to suffer materially in consequence. He had conversed with many physicians upon the subject, and they did not seem to consider such cases as so very uncommon. With reference to this point, an extract from a letter he had just received from Dr. Favor, might be thought interesting:—

"About a month ago," writes Dr. Favor, under date of November 17, "I delivered a woman, with the forceps, of a living child, which weighed, thirty-six hours after birth, lightly clad, fifteen and a quarter pounds. In the language of California provincialism, 'How's that for high?'"

Dr. Martin inquired if these excessively large children obtained their proportionate hypertrophy at maturity.

Dr. Storer replied that the answer, which had been made to him when asking the same question, had been that California itself was not yet old enough to tell. As was well known, during the first few years of that State's existence, very few children other than Indian and Mexican, were born at all.

Dr. Field would offset what had just been said, by a case he had seen that morning, of

COMPLETE ARREST OF DEVELOPMENT WITHIN THE FIRST YEAR,

the child being now nine years of age. Every member of its body, every feature, every tissue even had remained infantile. Its height when assisted to stand, for it could not do so alone, was but twenty-seven and a half inches, and the other dimensions were all in proportion. The labor had been normal.

Dr. Blake inquired if spinal disease were present.

Dr. Field said, not. The child could not speak. It could only utter inarticulate sounds.

Dr. Weston asked as to the shape of the head.

Dr. Field answered that it was good, save that the dome of the cranium was somewhat flattened.

Dr. Bixby inquired if the dorsal portion of the hands was very wrinkled.

Dr. Field said no; but the child used them precisely like a new-born infant.

Dr. Hazelton, Chairman of the Committee upon the subject of coroners, asked permission to postpone making the report until the ensuing meeting. Upon voting the request was granted.

Adjourned.

FIFTEENTH SPECIAL MEETING, MARCH 9, 1872.

(CONTINUED.)†

Dr. Martin would now state as briefly as possible the history of animal vaccination, as introduced by Prof. Depaul of Paris, with the assistance of MM. Vallet and Brechemier of Orleans, and other physicians, in April, 1866. As had been shown, the early experiments on animals came to nothing. At Naples, however, a physician endeavored to restore the treasure which, like fairy gifts, had been slowly turning from gold and gems to slate and dead leaves. In 1810, Dr. Galbiati of Naples commenced a practical employment of the method of retro-vaccination.* From time to time he vaccinated young heifers with humanized virus. The resulting vesicles were snipped out with curved scissors, and used by the Doctor in his own vaccinations, or sold at so much apiece to physicians. This hideously cruel practice he

* Galbiati adopted the use of the virus of retro-vaccination on account of three cases of vaccino-syphilis, which came under his immediate observation. See Depaul, Rapport sur les Vaccinations, etc., pendant L'Année, 1864. Paris, Bailliere, 1866.

kept up until his death in 1840. It was continued by his pupil and successor, Dr. Negri, who, for aught Dr. M. knew, still lives to continue the practice. It was believed that outside of Naples retro-vaccination was never practised as a means of vaccine supply before 1865, with one exception. A Massachusetts physician, and a member—not now present, however—of this Society, had practised retro-vaccination for several, probably a dozen years, and had largely sold virus thus procured to the profession, and very largely to the Government for the protection of the army and navy, and, from the late terrible ravages of small-pox among them, Dr. Martin presumed, also the Indian tribes. The gentleman alluded to was a very copious and pleasant writer for the Journals, and it seems strange that, with so long and extensive an experience, he had, so far as Dr. Martin was aware, never given the profession a line of information on a subject as important as ever had, or ever could have engaged his pen. Neither had the Surgeon-General's office ever, so far as he knew, made any report of the result of the very extensive use made of this virus under its direction. Dr. Martin had, during two years' experience as a Surgeon U. S. V., many peculiar and exceptional opportunities of observing on a very large scale the results from the use of over seven hundred of the crusts of retro-vaccination. These results were, when not directly and often seriously injurious, invariably negative. In not one instance, of many thousands which came under his notice, had anything at all approaching a true vaccine vesicle been produced, nor the slightest protection from variola afforded. Dr. Martin had made a full report of these facts in his capacity of "Medical Director" of one city, and one of the "Surgeons-in-Chief" of another, in each of which a fearful variolous epidemic had been raging for over a year, with ever increasing violence, quite

unchecked by the most extensive and repeated use of the crusts of retro-vaccination. In one city over nine thousand negroes had been inoculated with three hundred and fifty of these crusts. Thousands of very sore arms resulted, but such utter failure of protection from variola, that the poor negroes, who had at first been most anxious, for what they were assured was a protection from their deadliest plague, became fully convinced that this wholesale, so called, blessing, was really part of a deep laid plan to get rid of the "negro question," by quietly getting rid of the negroes through means of variolous inoculation. This settled conviction proved, between two and three months afterwards, a most serious obstacle to the proper vaccination of the population; an obstacle which, however, was happily removed through a circumstance that, beyond anything in Dr. Martin's experience, conclusively demonstrated the absolute and perfect power of proper vaccination and re-vaccination of a people to completely and absolutely check an epidemic of variola. He regretted that he had not now time to narrate this circumstance, but would do so at a future, and not distant time. The full report alluded to was made to the Surgeon-General, but, in passing up through the "regular military channel," he has reason to *know* that it was quietly "pigeon-holed" by an intervening and inimical medical officer, who had loudly and brainlessly committed himself to the advocacy of the worthless virus. The only thing that Dr. Martin could do while in the army, beyond making a "report," was to vaccinate and protect both cities properly with good virus; and this he did, aided by nine assistants in one city, and five in the other, so effectually in two months, in each place, that, so far as he knew, nothing in the whole history of vaccination has more fully vindicated all the claims its most sanguine admirers have made. Since

Dr. Martin's return to civil life, two circumstances have prevented his publication of these extremely important details; one, the fact that he could hardly do so without incurring the imputation of unworthy motives. A proper regard for the interest of the profession and humanity would, however, have compelled such a publication, however distasteful to himself, were it not that he was fully assured that the gentleman had discontinued the practice, or, at any rate, the sale of its product. This assurance was corroborated by the disappearance of his vaccine advertisements from the medical Journals. What harm had been done could not be remedied; it seemed that more was not to be anticipated, and he was happy to feel excused from an uncongenial duty. Lately, however, a card has been widely circulated to the effect that the same gentleman has resumed the business, and offers to the profession what *purports* to be precisely the same material, viz.,—"vaccine virus from kine," and, knowing what he does, Dr. Martin does not feel justified in longer remaining silent. He has the fullest and most conclusive data, and will not hesitate to use them; he would be false to the great mission to which he has devoted so much of his life and dedicated what may remain, were he silent, when silence may be directly or indirectly the cause of much wide-spread evil. A deep conviction of duty may excuse him for this long, but by no means irrelevant digression. The method of retro-vaccination, we have seen, was practised at Naples, and nearly peculiar to that city. The famous paper of Viennois on vaccinal syphilis was published in June, 1860. It gave rise to many other publications, and to one of the most famous, bitter, and, as usual, inconclusive debates that ever distracted the learned bosom of the Academy of Medicine. In consequence of all this, a morbid and exaggerated dread of possible, nay probable

contamination by human vaccination, a seeking out of a pure virus from the animal somehow. As another consequence and illustration of the eternal rule of demand and supply, one Dr. Lanoix went to Naples, took some lessons from Negri, and returned to Paris with a heifer or two, advertised by placard, etc., "Vaccination with pure Virus from the Heifer." This virus professed to be the result of vaccination of the animal with transmitted cow-pox, but it was probably, indeed, almost certainly, nothing of the kind, but simply the virus of retro-vaccination. Dr. Depaul, "Directeur de la vaccine," and Chairman of the vaccine committee of the Academy of Medicine was induced to experiment at the academy with Lanoix's heifers. He had made vaccinations from six of them, and arrived at no conclusive results, when, on the 26th of April, 1866, he received, in his official capacity, notification of a probable case of spontaneous cow-pox at Beaugency. The account of Depaul's visit, with other members of the Academy, to that rural town, henceforward, with its heifer, famous for all time, their complete and thorough investigation, the almost pious care with which the treasure was carried to Paris, and all the details had interested Dr. Martin intensely, and could not fail to interest every student of vaccination. To make a long story short, Dr. Depaul, with the aid of the Academy, a yearly allowance of six thousand francs having been set apart for the purpose by the Imperial Government, systematically established a "*service*," of heifer vaccination in a small building in the garden of the Academy. This "*service*" has been continued, and it was from this source that the "Martin stock" was obtained.

The history of his connection with animal vaccination had been as follows: Dr. Martin had always been greatly interested in the subject of vaccination, and had,

with the advice and perfect countenance of many eminent physicians,* made the supply of vaccine virus to the profession a part of his regular occupation for over thirteen years. Some twenty years ago he had experimented with retro-vaccination on two very fine Jersey heifers, the property of the Honorable Nathan Crosby of Lowell. The virus used was very fine, vigorous, and but a few removes from the Pomeranian cow-pox stock of 1847. The result, to all appearance, seemed admirable enough, and he sent one hundred and fifty quill points very fully charged with this virus to some dozen of the leading physicians in the neighborhood of Boston, for them to test. He himself carefully vaccinated eight children, and got totally negative results. Most of the physicians to whom he sent the points reported, and all entire failure; one only wrote that he had succeeded with every point. Dr. Martin had no doubt but that this gentleman sacrificed truth entirely to an amiable wish to be agreeable. He had alluded very fully to his most unfavorable experience of the use of the animal virus of retro-vaccination in the army, and on a large scale, for the arrest of a fearful variolous epidemic in two cities during the war. Dr. Martin of Attleboro' *supposed* that he had fully succeeded in developing cow-pox by variolation of a cow. He had distributed the virus thus obtained throughout New England, and had widely and disastrously, and often fatally disseminated, not vaccinia, but small-pox,—induced, indeed, by art a plague which it was one of art's highest aspirations to strive to avert, and one of its very proudest triumphs to have succeeded in the effort. Dr. Adams of Waltham was said to have succeeded in the perilous experiment in which Dr. Martin's

* In fact, all to whom the project was mentioned. The names of some eight or ten physicians, leaders in the profession, were, for several years, attached to Dr. Martin's advertisement. These references were not considered necessary, when his correspondents became aware of his fidelity and reliability.

namesake had so wofully failed; but of his results he had no practical knowledge, and the assertion that by precisely the same experiment one man developed vaccinia and another variola, would always throw doubt, to his mind, over this supposed method of generating vaccine virus, and had always prevented, and would always entirely prevent his tampering with the experiment. As a result of a knowledge of these and many similar facts within his own knowledge and recorded in the archives of his art, he was led to condemn the practice of using what was called "cow-pox matter" and "vaccine virus from kine," and after his full testing of retro-vaccination on Judge Crosby's heifers, he had not again turned his attention to the subject of animal vaccination till rumors reached him of the new supply of spontaneously-occurring virus which had been obtained in France; having come to the conclusion that, so far from humanized virus becoming improved by returning it to the heifer, it only becomes still more impaired. The Beaugency virus being wholly a new thing, opposition to it was almost as violent as that occurring in the days of Jenner. Dr. Martin's interest being thus aroused, after two years' postponement, and at last entire obligatory relinquishment of an intention of personally visiting Paris, he sent his brother-in-law * to France to fully ascertain with regard to the authenticity of the new virus. That gentleman carried such letters of introduction (particularly three from our Secretary, Dr. H. R. Storer, to Dr. Ricord, Bernütz, and Brown-Sequard) as secured to him the fullest facilities for the investigation, and he brought back in various forms a very large supply of the pure virus, which he had personally seen collected at various times from some seven or eight animals. Though a very favorable report

* Hon. Stephen M. Crosby, of Northampton, Mass., at that time Senator from Hampshire County.

was rendered him, one that was strengthened and endorsed by the study of a large collection of pamphlets, collected and brought with the virus, Dr. Martin was not yet disarmed of his prejudices against animal vaccine. He at first (on the 21st of September, 1870,) vaccinated with fair success three heifers at the fine stock farm of Dr. J. W. Bartlett of Framingham, with the French virus, and from these three or four infants. He carefully observed the results, and then became convinced that what all had been seeking had been found, as every honest physician who will but test for himself must be. He vaccinated other heifers at Dr. Bartlett's farm, with his most kind and courteous permission, and, indeed, very valuable assistance. After and since, his heifers have been vaccinated in a building in his own garden, which, after gradual improvement and additions, had just been seen and approved by the Society. He has, although the enterprise developed difficulties that he had not anticipated, preserved the Beaugency stock unimpaired, and, with the knowledge attained by eighteen months daily experience, he foresees no probability of failure in the future. There were many interesting questions incidental to animal vaccination, to but a few of which was there now time to refer. It was often asked, for instance, what was the original source or cause of true, so-called spontaneous cow-pox? Jenner's theory, to which he clung with a tenacity quite characteristic of the man,—a theory indicated by the name he gave the disease, " variolæ vaccinæ,"—was, that it was the small-pox modified by passing through the system of the cow. There was great plausibility and probability in this theory, and it has been claimed that its truth had been demonstrated by Ceely, Sonderland, Adams, in our own neighborhood, and perhaps one or two others, that by variolation of the cow, true cow-pox had been produced.

Dr. Martin had many years ago fully accepted the doctrine of the variolous origin of cow-pox, and he does not now deny it, but thinks that it is far from satisfactorily proved. When one reflects that among the hundreds who have attempted the variolation of the cow, but three or four even claim to have succeeded, and the rest admit entire failure; also that, of those who thought they had succeeded, more than one had certainly developed merely unmodified small-pox in the animal. When, also, it is known that it was, in the latter days of inoculation, fully ascertained that by following certain methods of selection and introduction of the variolous virus into the human system, a disease whose visible effect was generally confined to the points of insertion, with very rarely a general eruption and then but a few small pustules, was induced,—when to all this is added the fact that the mixed variolous and vaccine virus which, in the very inception of the practice of vaccination, and to its great temporary detriment, was issued to the profession from the small-pox hospital by Woodville, produced at first a disease often accompanied by a general eruption, but, after a few transmissions, an eruption invariably confined to the point of insertion and not to be distinguished from the vaccine vesicle,—it will be seen that the question is one full of doubt and difficulty, not to be by any means solved with the airy and Skimpolian ease * with which such subjects are often dismissed as settled, but requiring for its solution, in addition to large and prolonged enlightened experience, a consummate knowledge of the whole subject of vaccination, and

* As a specimen, may be mentioned the advice given by one of the numerous Nestors of the profession to sundry young Parés when they "went to the war." "Whenever you run out of vaccine virus, all you have got to do is just to take some matter from one of your small-pox patients and inoculate any old cow that you can pick up." This was communicated to Dr. Martin by the Nestor aforesaid, as a conclusive proof of his knowledge of the more recondite mysteries of vaccination, and it *was* a very fair specimen of not only his knowledge, but of that of many of his confrères, who discourse most glibly of things they know very little about.

also a thorough knowledge of the phenomena of variolous inoculation, certainly not now possessed, or likely to be attained by any one. We have but one experimenter, Robert Ceely, whose published statements in regard to the supposed successful induction of cow-pox by variolation of the cow are at all full and explicit. The acknowledgment which he makes, that several of his inoculations with the virus resulting from his experiments were accompanied by a general eruption, not miliary or minutely vesicular, but *pustular*, a point very sharply criticised by Bousquet,* proves, it must be admitted, in connection with what has been before stated, that the question is yet far from being exempt from doubt and difficulty. Jenner, however, did not think that cow-pox resulted from the passage of the variolous poison through the bovine system only, but that variolous poisoning of the horse induced a slight general eruption, most evident for sundry reasons at the heels, and called by the farriers, "the grease." Matter was taken from these animals, he insisted, on the hands of farm laborers and grooms, and by them an unintentional inoculation made into cracks, chaps, and abrasions on the teats and udders of milch-cows, and by this inoculation, at last, true cow-pox, or "variolæ vaccinæ," induced. This theory of Jenner's has been much ridiculed by shallow fools, but no one had better sneer at any of Jenner's theories until he had fully examined the data on which they are founded; few will be apt to do this, and when they have done it will not be apt to sneer. The circumstantial evidence which led Jenner to this theory was very strong and conclusive. True, he was never able to obtain by frequent inoculations of cows or heifers with the fluid of the "grease," anything at all like cow-pox, and almost innumerable experimenters in the same field had also failed; but Sacco

* Nouveau traité de la vaccine, etc., 1848, pp. 444—48—49, et seq.

of Milan and Tanner of England, two most trustworthy investigators, had undoubtedly succeeded in thus producing true cow-pox, from which thousands of perfectly protective vaccinations (as tested by subsequent futile attempts at variolous inoculation) were made, and, furthermore, Dr. Sacco had used the virus obtained from the horse, and by inoculation with it of the human subject produced the undoubted vaccine, or, as he called them, equine vesicles. By this so-called equination Sacco had protected thousands from variola, had transmitted some of the equine virus to Jenner, who used and approved its identity with cow-pox so fully as to inoculate a boy with matter from a case of casual equina on the hands of a groom, the result of which inoculation is delineated in the second engraving illustrating his Inquiry.* Dr. Martin alluded to this equina or horse-pox, because this very theory of Jenner's, which, in spite of his strong conviction, founded on ample evidence, confirmed by actual results of several investigators, though not by his own, had been quite forgotten, or if remembered, only to be wondered at, or even ridiculed, had lately, in connection with recent most brilliant and extended investigations, again presented itself with renewed and extreme interest. The researches of Bouley and others had fully established the truth of Jenner's theory. It had been proved that two diseases, widely different and known as the "grease," or "Eaux aux jambes," existed in the horse; one very common, both in Europe and here, (where it is known as the scratches) the eruption of which is only on the heels, the other of much rarer occurrence, characterized by a general eruption over the whole body, where it is concealed by the hair, and apparent only at the mouth, the nares and the heels, where hair is of course entirely or nearly absent. From at least two horses thus affected,

* Baron's Life of Jenner, vol. i., pp. 236–255.

at Alfort, near Paris, virus had been taken, with which heifers had been inoculated, and thence a perfect, vigorous, and in every way admirable "stock" of vaccine lymph obtained, which had been most extensively and successfully employed by Dr. Constantine Paul and others.* From Dr. Paul, Dr. Martin's agent had procured a supply of this stock, and he had continued it from heifer to heifer for several months, and then dropped it from the difficulties of maintaining two separate stocks, and because nothing could be better than that of Beaugency. The great interest of the late investigations would be fully appreciated by all true students of vaccination, and all who revered and loved the memory of Edward Jenner.†

Was the profession arousing itself to the importance of these questions? It was and it was not. There was the same spirit of listlessness, bigotry, and intolerance that there was in Jenner's time. The same arguments were employed as then, almost word for word. Strange to say the greatest lack of interest and the greatest prejudice had been shown where it would have been least expected,

* See "Vaccine et Variole par M. M. Chauveau, Viennois et Meynet," 1865. "La Variole et La Vaccine par le Dr. E. Chairou," 1870. "La Syphilis vaccinale par Depaul," 1865. "De L'origine réele du Virus Vaccin par Depaul," 1864. Several works, "sur la vaccination animale," by Depaul, 1866, 1867, 1869. "De la Syphilis Vaccinale par M. M. Depaul, Ricord, Blot, Jules Guérin, Trousseau, etc., etc.," 1865. "De la Vaccine du Cheval," par M. Bouvier, 1864. "Les Virus par Auzias Turenne," 1868. The list might be quadrupled in length, but this will suffice, as a beginning, for those who are ambitious of knowing *something* more on a subject of a great deal of interest and importance. When men have *studied* even these, they will not be so very sure, as they now are, that there is no danger of communicating syphilis, even by careless vaccination.

† Dr. Martin requests the insertion here of the following morçeau from a Philadelphia Weekly, both as a very fair specimen of the style and cogency of the attacks and slurs on animal vaccination, which have hitherto disgraced some American Medical Journals of the orthodox "stripe" and, it is to be hoped a rare one of the *wit*, gentlemanly propriety and erudition of their editors. The statements of price, etc. are utterly untrue, and, though Dr. Martin takes pride in having vaccinated thousands gratuitously, and of never having withheld the boon from any, however empty handed, he also insists, when any fee is paid, it shall be moderate, but by no means paltry. This exquiste critic of "Advertising Doctors," is himself one on a large scale, and among other things, of his benevolent wish to purchase *at a commission* "vaccine virus, etc." for the profession. Furthermore he has besieged Dr. Martin with some dozen successive appeals to advertise in his Journal, the last of which was *written*, and strongly represented the *advantages* to be gained by advertising with him. The "black mail" *dis*advantage now made evident, of not doing so were not indicated in the letter. Why not try that next time?

"FANCY STOCK VACCINATIONS.—A down-east advertising doctor publishes an advertise-

in the regular profession; while the homœopaths, to whom he himself had been all his life opposed, had been almost without exception examining into, and zealously adopting the new practice. This very fact, he had no doubt, had increased the apathy and opposition of his own branch of the profession. Not a single paper had yet been written upon this subject of at all a scientific character, by a regular physician, while the medical press teemed with the most abusive à priori articles. "What security was there," it was asked, "that people would not be tainted with pleuro-pneumonia, glanders and the like.* Here in Boston, for instance, physicians have gone about confessing the insecurity of the old method of vaccination, and yet decrying the new.

Saying perhaps, as Prof. ****** had done, that they would not use a quill of cow-pox for thousands of dollars. The Boston Medical and Surgical Journal, again, had repeatedly printed the bitterest anonymous slurs, almost as bad as those on Jenner, apparently written or suggested by a neighbor of his own, but never a word of encouragement, while young, just fledged graduates, echo, of course,

ment in which he graduates his charges for vaccinating from the 'best stock of original non-humanized cow-pox, and humanized vaccine virus,' and 'horse-pox' (!) virus—the charges for the latter being the highest, (because the *strongest* we suppose). He only charges fifty cents for vaccination with *humanized* virus. If we could get the ear of his patients we would advise them that if any of his vaccinations are worth anything it is the latter.

"There is a great deal of money being made by mercenary persons on this 'original non-humanized cow-pox' dodge. We advise our friends to rely on good humanized virus, and if they have been betrayed into experimenting with these fancy stocks to *re-vaccinate* with humanized virus immediately. We fear that much of the responsibility of the present epidemic of small-pox, which is a disgrace to the medical profession and to our civil authorities, is due to these speculations in 'fancy stock' virus."

* An anonymous article in the Boston Medical and Surgical Journal. Precisely the same idiotic rubbish, formed part of the flood of abuse with which Edward Jenner was assailed, not only his discoveries, but his person and motives were reviled and impugned. An Anti-Vaccine Society was formed, devoted to the suppression and defeat of the greatest blessing, however misused and misunderstood, that has yet been vouchsafed to man. The absurdities of these fools had reached such an height, in 1802, that the famous Gillray made them the subject of one of his very best caricatures.—Jenner, and the portrait is said to be one of the best ever made of him, is represented performing the operation of vaccination on a patient. The room is full of others on whom it has already been done, and who are rapidly suffering in their persons the most extraordinary transformations into the brute creation. Dr. Martin has caused large numbers of photographs to be taken of this appropriate answer to the descendants of the Anti-Vaccine Society. He does not trouble himself to give any other.

the words of their instructors. Some of the remarks made about himself by physicians had been sufficiently amusing. At one time, it was that he had no heifers at all; at another that he had several sick ones that he was in the habit of vaccinating over and over again ; again that he kept them tied in his front yard as an advertisement; and yet again, that he still imported all his virus from France, that his virus was nothing but small-pox passed through sick heifers. This was all of it, from men who knew perfectly well that they were at perfect liberty to come and see for themselves just what animal vaccination amounted to, and he cared about as much for their impotent strictures as the Atlantic did for a mosquito. This kind of behavior on the part of those, who, as a rule, believed in, or, at least, practised, vaccination with humanized virus was the more extraordinary, taken in connection with the next fact that he should state, which was that the homœopaths, who did not believe in, or, at least, had given up the employment of humanized virus on the ground of extending other constitutional disease, had so completely accepted the new vaccine. These persons used to import every year from Germany in tubes, thousands of dollars' worth of so-called cow-pox virus but really that of retro-vaccination, much of it inert and good for nothing. The care with which they had investigated this subject, and the extent to which they were now employing the pure vaccine, might well shame those of our own faith who had shown so little interest. One of them, for instance, residing in Troy, vaccinated over five thousand people with cow-pox to Dr. Martin's certain knowledge, not one of whom had suffered from erysipelas or subsequently taken small-pox, as many of those vaccinated by the old method, right beside them had done.

How much real danger was there of spreading constitutional disease by humanized virus ? Dr. Martin considered

this risk had generally been exaggerated, but it was not so in the case of constitutional syphilis. He himself had seen nearly two hundred men ruined for life by vaccination with a scab from such a subject. It occurred in an Indiana regiment, stationed in Arkansas and Missouri. Twenty of these cases had been under his own observation for seven months in hospital, and many of the rest of them he had also studied with care while medical director of S. E. Missouri. Everything of this sort was impossible with matter taken *directly* from the heifer, as had been conclusively demonstrated by Depaul and others in many thorough but disgusting experiments. This, however, was not Dr. Martin's chief reason for advocating cow-pox, or because the adoption of the new method might be of advantage to himself, for the collection and preservation of the virus was attended with infinitely more expense and trouble than the old humanized matter, which therefore yielded a much greater proportionate profit. What had influenced him was that we had at last obtained the original and typical vaccine disease of Jenner and not only this, but in case of epidemics anywhere we could be sure of an unlimited supply at once, just on the spot where it was most wanted. So great was his confidence in its efficacy, that he had offered a thousand dollars for any adult properly vaccinated with it, who should afterwards at any time after three weeks become the subject of variolous disease. Although cow-pox retained through many removes much of its original vigor, the same absolute effect can never be obtained after but a single remove, even if the disease has been carried back to the heifer; a process which really weakened the virus, as he had already said. He had used the word "adult," because he believed absolute protection could never be obtained by vaccination until after the tenth year.

Was it lapse of time that deteriorated the virus?

Only as implying more and more removes from the original stock. So far as this, every year made it less and less protective. He himself did not like even a single remove, believing as he had just said, that taken directly from the heifer, it is an absolute preventive. In supplying orders for the pure vaccine, he had generally sent a few points of the old stock, but this was only that physicians might judge for themselves of the infinite superiority of one over the other, advising as he did, that the two should be placed in opposite arms. In this way thousands of physicians had been convinced of the soundness of his views, and yet there were those unwilling thus to expose themselves to the chance of conversion, seeming to believe with a gentleman in this neighborhood, who once published a paper, which, if it proved anything, proved that revaccination was utterly worthless, for all the patients that he revaccinated took small-pox. The very fact that the profession could patiently brook such a paper, was evidence enough that their confidence in revaccination with the ordinary virus was utterly lost. So far from the knowledge of this subject being exhausted, it was, in reality, just beginning to be properly studied.

Were the French researches of 1836, and since 1864, the only faithful inquiries till now, since the days of Jenner? By no means. Thomas Brown, before alluded to, for instance, a surgeon of Musselburgh, Scotland, wrote an excellent work, as early as 1809, advising, that vaccination, which he fully proved to have already lost much of its permanently protective value, should be discontinued and a return at once made to inoculation. It then seemed to take eleven or twelve years to bring the humanized virus down nearly to absolute inefficacy, just as seems to be the case at the present time. To what extent has the new vaccine been yet introduced into this country? Very

extensively. For every ignorant and bigoted opponent there were many earnest inquirers, who, prejudiced at first, would procure a small supply, and then, having satisfied themselves, send for more. Repeatedly, he had had hundreds of dollars' worth of virus ordered at once. There were still, however, millions of people in the United States, whose only protection against small-pox lay in the old and weakened and even often spurious vaccine.

Putting aside personal considerations, would Dr. Martin encourage measures for the more general protection of the people than had yet been devised? Most assuredly. The importance of this question to the general welfare, was such that it should be paramount to every thing else. He, himself, could never have accomplished so much as he had done, had he not already been largely in communication with the profession, through years of supplying ordinary vaccine. He had no desire to be the only one in the business. Such would undoubtedly be for his advantage, but he did not wish to consider this. He doubted, however, if there was another man in the country who would have been willing to be at so much expenditure of time and money, to solve what at first seemed so unpromising a problem, but he was sure of the final gratitude of the profession. He already had many imitators, but, so far as he could judge, they had not the patience, or the good judgment, requisite to keep the virus up to its proper standard of purity. His own stock was now so well known that it had the goodwill of the market, and competing producers had to sell at a lower price, which was almost sure, sooner or later, to proportionately injure the quality of what they offered. He had little doubt, that cows were still being inoculated with humanized virus, if not with that of small-pox

itself, and by and by there might thus originate a variolous epidemic, as had repeatedly occurred before.*

Dr. Storer asked if the heifers could be vaccinated more than once.

Dr. Martin replied, that as he had already intimated, he had been charged by a distinguished medical sceptic, whom he was proud to recognize as his bitterest enemy, and others with thus producing his virus. To do so, however, is an impossibility, even where the first vaccination had been imperfectly performed. He had tested this fact from matter of his own, and also with some from Dr. Frank P. Foster, of the New York Dispensary, whose stock he himself had originally supplied. With this last, on a fresh heifer, he got three small and tardy vesicles, and then, upon re-vaccinating it, could not obtain the slightest effect. This was true also when the animals had stolen the disease, as it were, from each other, as in the case of a little bull once sent him, which, from being somewhat short of the fit age, had been allowed to wait awhile and stray, and nose about among the vaccinated heifers at his will; afterwards, upon himself being vaccinated on three separate occasions, not the slightest effect could be produced. The disease might easily thus be contracted accidentally and escape observation, as it produces upon the animal, very little, if any, constitutional effect, and, on the other hand, unless the animal is in admirable physical condition, its vaccination fails to take properly.

Dr. Flint inquired if much of the true vaccine had been sent to Philadelphia, during the present epidemic?

Dr. Martin answered, that there had been. Philadelphia was, however, a very peculiar place, and in this,

* The idea that cow-pox can be easily obtained by variolating the cow, and that such is the way in which Dr. Martin obtains his cow-pox stock, still seems to be very prevalent. He has received letters from no less than three sages, who express great astonishment that the experiment has repeatedly failed in their hands. It is to be earnestly hoped that their want of success may be unbroken.

as in some other respects, it closely resembled Boston, from which it was wonderfully different and yet wonderfully alike. The two cities were very self-contained, and each believed in little or nothing outside of its self. There was the Quaker spirit in Philadelphia, and the Puritan spirit in Boston, with little to choose between them. There had been very large calls for the virus from Philadelphia, but a very great difference among the reports that were returned to him; some operators always failed and others always succeeded, for reasons that were easily enough to be explained. There was one feature, however, in Philadelphia practice, almost peculiar to that city, and that the fact that very many of its practitioners employ tubes. He had already spoken of the uncertainty, under any circumstances, of this method. This was even more marked when the lymph from cow-pox was employed, than with the humanized. The imported German tubes do not average more than thirty successes in the hundred. For this reason he had advised points, but very few of his correspondents in Philadelphia would employ them.*

Dr. Storer asked whether the Massachusetts State Board of Health had ever looked into this matter, which, from the facts that had now been presented to the Society, seemed one of the most important that could possibly receive the attention of that body. In sending out the notifications for the present meeting, he had addressed a note to Dr. Bowditch, the President of that Board, and an Honorary Member of the Society, inviting him, if he had not already investigated the subject, to accompany the members in their visit; and had been sorry to learn from Dr. B. that he should be prevented by another engagement.

* The best work on Vaccination without exception, which has as yet been written by an American, is by a Philadelphian. "Coxe's Practical Observations on Vaccination or Inoculation for the Cow-pox." Philadelphia. 1802.

Dr. Martin stated that in the winter of 1870–71, he had incidentally mentioned to the President of the Board of Health the investigations he was making, whereupon Dr. Bowditch had expressed great interest, and had eagerly and repeatedly suggested and urged that Dr. M. should prepare a paper upon the subject. He (Dr. B.) would obtain from the President of the Suffolk District Medical Society, Dr. Shattuck, an invitation for him to read it before that body, which otherwise he could not do, being, by a trick of the councillors, though a resident of Boston since the annexation of the Highlands, still a member of a rural District Society, the Norfolk. Dr. Bowditch afterwards wrote him that Dr. Shattuck had declined to give the invitation to an "outsider," on the ground that the subject was not of sufficient importance. Expecting some such answer, Dr. Martin had not written the paper, and was therefore put to no inconvenience. Dr. B. promised to make a personal visit to the heifers, but had not done so, although Dr. Martin had repeatedly urged him to come and bring with him the other members of the Board of Health. He had asked this in view of the importance of the subject, and in justice to himself. He was now sending away every week virus sufficient to vaccinate thousands of people. If this virus were really what some asserted that it was, he ought to be at once stopped and exposed; if he was, though honest, in error, he was willing to be convinced, and if so, to retract; but if, on the contrary, he was really doing a great good, he ought, he thought, to be aided and encouraged. He could not help feeling that if he had lived anywhere but in Boston, no matter if his establishment and his business had been but a hundredth part what it was, the State Board would have sent one of its members to inquire into the matter a long time ago. He thought

that there were many physicians who would not look into it, simply because they thought he was now making money by what he had already done, and they feared lest they should help him make more; though when he began his experiments, he really expected, as he had already said, that instead of coming to believe in cow-pox, he should only condemn it.

Dr. Greely wished to acknowledge how greatly he had been interested by what he had seen and heard during the present meeting. No one could fail to have been impressed by the thoroughness and openness with which Dr. Martin's experiments had been conducted, and the admirable system to which he had reduced the propagation and supply of authentic and pure non-humanized vaccine. Under these circumstances, he thought it an act of duty to move, as he now did, that the attention of the State Board of Health be called by the society to the importance of the question of Animal Vaccination as practised by Dr. Martin, with the recommendation that it forthwith investigate the subject and report to the Legislature thereon, in accordance with the terms of its appointment.

The motion was seconded by Dr. Dow, and unanimously voted.

While this paper was passing through the press we received the following notes from Dr. Martin.

Boston Highlands, *March* 17, 1872.

Dr. H. R. Storer,

Secretary of the Gynæcological Society.

Dear Doctor :—It gives me much pleasure to tell you that our mutual friend, Dr. Henry I. Bowditch, the President of the State Board of Health, visited me yesterday, for the purpose of seeing the heifers, and learning what he could of Animal Vaccination. He expressed great admiration and surprise at the extent and completeness of my arrangements, and also, most earnestly, regrets that

he had not sooner "taken time" to personally investigate the subject. He also assured me of his intention of bringing the matter before the Suffolk District Society, and of strongly urging the propriety of a special meeting of that Society, being held at my house, as soon as possible after the next regular monthly meeting. I hope that the fact that in doing so, they are following the example of our Society, may not deter the members from honoring the suggestion. Yours very truly,

HENRY A. MARTIN.

BOSTON HIGHLANDS, *May* 11, 1872.

Editors of Journal of the Gynæcological Society:

I trust that this note may reach you in time to be printed with the report of remarks made by myself at the fifteenth special meeting of the Society, February 6, 1872. I then stated that many persons had, with very imperfect knowledge, preparation and facilities, procured virus from me, and attempted animal vaccination for the purpose of propagating and selling virus, but so far as I was aware with but very little success.

I wish now to make one and *only one* decided exception to this statement, which was however made in perfect good faith. Dr. F. P. Foster of New York, a very able, accurate and scientific young physician, procured from me a supply of the Beaugency virus not more than two months after I introduced Professor Depaul's method in America. He at once established a "*service*" of Animal Vaccination under the auspices of the New York Dispensary. This "*service*" has been kept up with great fidelity and labor, and I am happy to say with great success.

Animal vaccination can be properly conducted only by one who has a real interest in the subject, and who is also willing and able to devote to it a vast amount of constant labor of far from an attractive description, and a very large and continued pecuniary expenditure.

I have recently visited New York, principally for the purpose of seeing and conversing with Dr. Foster, and am very glad to have ascertained his success, and that, in a very large, indeed, almost general acceptance of animal vaccination and animal vaccine in New York, he is enjoying such moral and material support as encourages and enables him to continue the enterprise.

The intelligence and liberality manifested by the "*regular*" profession in the city of New York in investigating and adopting the new method, and in applauding and rewarding the physician who

introduced its practice in that city, is in most marked contrast with the spirit which, in Boston, and perhaps in Philadelphia, has led many of the practitioners of "regular" medicine to condemn and vilify animal vaccination without even the slightest practical investigation, and for no better reason than that an obnoxious school of medicine had warmly adopted it, and also because I, who had inaugurated the method in America, and hoped to reap thereby some little harvest of reputation, not only for myself, but for the city of my residence, had in my wish to extend as widely as possible the knowledge of what I feel to be of vast value and importance to humanity, dared to publish a perfectly inoffensive article in a perfectly respectable Homœopathic Journal. It seemed to be held not only that no good thing *should* come out of that Nazareth of medicine, but that if, by chance, a very good thing were even for a moment kindly and hospitably sheltered there, it should therefore, with its author be called all sorts of hard names, and crucified too. The story of *all* the villany by which men who *think* themselves far from fit candidates for the penitentiary, have striven to hinder me in my efforts to obtain a fair hearing and trial for animal vaccination *can* never be told, but enough *shall* be told, and most publicly and plainly too, to inspire that only inevitable and finally just judge, the public, with something approaching a fit contempt and hatred, and even horror, for the ignorance, illiberality and falsehood which has ever, and I fear ever will render a portion of the professors of "regular" medicine, the butt at which scornful satire points its slow, unerring finger forever.

Men who preserve and would perpetuate in the light of the nineteenth century, the intolerance of the darkest of the dark ages; men who would gladly scourge and burn at the stake, not only all who dare to differ from them in opinion, but all those too who even dare to hold common charity towards such heretics; heretics to a faith as delusive and variable as an *ignis fatuus*, a faith which was a totally different thing twenty years ago from what it is now, and which will vary as widely in another score of years. Varying, uncertain ever, but always, somehow, orthodox, (the orthodoxy of the majority, the right of might,) and always ready to persecute, malign, and ostracize by the brutal, cruel, unfair force of a majority all who dare to differ from them in opinion. It may be said that just in proportion as doctrines are founded on truth, and truth capable of perfect demonstration, just so far are their holders calm and tolerant. Where doctrines are unsound, raised by partial imperfect reasoning on bases infinitely shifting, uncertain

and imperfect, their disciples are violent and intolerant. It was ever so with medicine, and until that, perhaps possible, but certainly remote future, when it may claim something like the certainty of a true science, every new idea will be condemned and reprobated because it is new, and its apostles proscribed and persecuted for opinion's sake. The history of every man who has sought, in medicine, to be aught but a blind, lazy, time-seeking, and serving devotee of long established and orthodox, (so called) error, has been one of trouble and of trial. How many of the noble names of our art belonged to men who lived good, fat, easy, "respectable" lives, drove their carriages, beloved and admired by all while living, and dying universally lamented, left to their heirs ample estates and honors? Very few, and those few by no means of the greatest. Vesalius, Paré, Sydenham, Harvey, Hunter, Bell, Jenner, and our own Walker. The sycophants, who *now* are ready enough to heap monuments and pour fulsome eulogies on their graves, are of the very same class who rendered their noble lives but life-long martyrdoms.

It is comfort enough for me to feel that every annoyance and wrong that I have suffered had a precise parallel in the life of that great and good man to whom an ungrateful and most unappreciative world owes the marvellous blessing of vaccination, to be the humblest of the worthy disciples of whom is all the honor I seek, and honor enough.

HENRY A. MARTIN.

A CASE OF RETRO-UTERINE CYSTIC TUMOR.

BY GEORGE HOLMES BIXBY OF BOSTON.

In September, 1869, while associated with Drs. Storer and Warner, I was called to see Mrs. W., who was suffering from some pelvic trouble. The patient had been advised to consult Dr. Storer by some of the officers of the City Hospital, at which Institution she was at different times an inmate. No written history was sent; but I learned subsequently from Dr. Knight, one of the

attending physicians, that the existence of a tumor had been suspected. Dr. Storer being absent, I examined the patient with considerable care, and with mental reservations, considered it an enlarged and prolapsed condition of the left ovary, surrounded by exudation from former cellulitis, and firmly bound down in Douglas' fossa. The following week the patient presented herself again, upon which occasion she was examined by Dr. Storer. Dr. S., after a somewhat hurried examination, thought it might possibly be a small multilocular cyst of the left ovary, but was not inclined to give a decided opinion until after a more prolonged examination, and that under anæsthesia. Soon after, the patient entered St. Elizabeth's Hospital. During her stay in the Hospital, the treatment was merely palliative.

At the end of three weeks she became restless and discontented, and finally left for home. I saw nothing of her until January, 1870, when she applied to me for treatment. The following is a copy of my notes taken upon that occasion:

Mrs. W., wife, Protestant, native of England; employment, housekeeper, and for a time a book canvasser; has been twenty years in America. Her grandparents lived to be over eighty. She is daughter of a London corn merchant in favorable circumstances Menstruation commenced at eighteen; at twenty she married beneath her class, and hence incurred the displeasure of her father, which resulted in her being expelled from her home and disinherited. Two months later, she emigrated with her husband to the United States. She had borne four living children, and miscarried once after the second child. The eldest child, a girl aged nineteen, is demented, and is at present at a public Institution. The menses when present were regular as to time, quantity and quality, and painless. Ten years after her arrival in

America, at the earnest solicitations of her acquaintances, she was induced to return to England, in order to effect a reconciliation with her offended parent. The undertaking, attended with considerable risk and no little sacrifice, was unsuccessful, for the relentless parent disregarded all entreaties, and the patient returned to her husband and children, then in Philadelphia.

She subsequently removed to Boston, where she now resides. Through the kindness of my friend, Mr. Wm. H. Baker, the efficient House surgeon of the City Hospital, I have been able to obtain the following history of the case as it appears from time to time in the records of that Institution :—

"City Hospital, Boston, Sept. 23, 1869.

"Mrs. W., aged thirty-four, native of England, married, wife, resides at 8 Dunlow street. She has had four children, and one miscarriage after the second. She was seen by Dr. John Reynolds six weeks before in the out-patient department, and pronounced by him to have an inflammatory tumor at the left of the uterus, some retro-version, and slight latero-flexion. She had had leucorrhœa for four or five years, at times badly, especially after extraordinary exertion, and after standing for some time. She has bearing-down pains, nausea and vomiting during the paroxysm of pain. The abdomen is tender upon pressure, particularly so over the left ovary. She was ordered leeches, warm fomentations, and sub-cutaneous injections of morphia. October 5. Catamenia ceased, having lasted two days. She persisted upon being discharged, to look after her children. Discharged; relieved; diagnosis; prolapsed ovary and pelvic cellulitis. October 21. The patient returned to the hospital. Since her departure on the 5th inst., she has been confined to her bed. She stated that she had noticed a thick

offensive discharge from the vagina, which lasted two days; also, that she had been delirious at times.

"At present the patient is in bed, with coated tongue, poor appetite, bowels loose, catamenia regular with a duration of two days. She has alternations of dysuria and involuntary passage of urine; she complains of pain in the left groin and iliac regions; the latter symptoms were treated by sub-cutaneous injections of morphia and atropia. November 2. She noticed an offensive discharge from the vagina, with an increase of the pain; she was ordered injections of warm water and laudanum, also a sub-cutaneous injection of morphia and atropia, once per day. November 12. She has had fainting spells, for which sherry was ordered. November 13. She had a convulsion; the latter was treated by the inhalation of chloroform. November 14. She has experienced several distinct chills, and for the first time there has been a discharge of yellow matter tinged with blood from the rectum. The latter was not microscopically examined.

"December 4. She had a slight chill. The patient now receives one grain of morphia twice per day sub-cutaneously injected. December 21. Discharged, not relieved. December 29. She was re-admitted for peri-uterine abscess. She stated that she was delirious the entire night of the 25th inst.; had been in other respects about the same since last discharged. She had been able to walk from horse-car to hospital, at least two blocks, to receive hypodermic injections. She now sits up, looks very comfortable; the tongue is clean, bowels regular; the catamenia has been absent three months. There is at present no discharge from the vagina. December 31. The patient absents herself from the ward, to avoid the morning visit; is angry because she cannot have hypodermic injections. Discharged."

Here ends the City Hospital report. Present condition: By inspection the patient is a short, thick-set, full-faced blonde, less than the average stature. The abdomen is the size of pregnancy at the sixth month, regular in general configuration, and covered by an excessively thick layer of adipose tissue. The catamenia, occurring every four weeks, have been scanty, and of short duration, and attended with pain.

She complains of a deep-seated pain in the pelvis, from which she is scarcely ever free, particularly severe before and during the catemenia, which incapacitates her from any kind of labor.

The manner of describing her aches and pains are particularly suggestive of hysteria; for instance, they were not bad or severe, but "shocking, awful, frightful, etc." A vaginal examination revealed the following: External genitals normal; walls of the vagina lax; the cervix uteri enlarged and indurated, the os uteri patulous to a limited degree. Douglas' fossa entirely filled by an immovable tumor, which protrudes into the vagina to the extent of an inch and a quarter, of a firm, elastic consistency, giving indistinct evidences of fluctuation upon its anterior surface; apparently not a part of the uterus, but somehow attached to it, probably by peri-uterine exudation. The uterus was in a state of subinvolution, its cavity measuring three inches, and inclined forward and to the left. An examination by the rectum revealed a similar state of things respecting the tumor, save that the sense of fluctuation was less distinct than on its anterior part. The extraordinary thickness of the abdominal walls rendered a bi-manual examination quite impossible. I informed the patient that in my opinion she was suffering from a tumor, the exact nature of which I was not fully decided upon; that considering the circumstances of her being a mother, with a family

depending upon her efforts for care, and since the tumor, from its present small dimensions, did not occasion her any great inconvenience, I did not feel justified in subjecting her to the great risk of an operation. After assuring her that I would do all in my power for her comfort, until the demands for permanent relief were more urgent, the patient was dismissed, with instructions to return in ten days. Briefly; during the year 1871, with the exception of a few weeks in midsummer, I applied weekly to the cervix and mass presenting, a mixture of tincture of iodine, iodide of potash, tannic acid and glycerine.

The patient was instructed to take large doses of chlorate of potash for months together; also to measure herself with a tape once per week. These measurements were compared and repeated by me at each subsequent visit. During the month of January, 1872, she was confined to her bed and home about three weeks with a pulmonary affection. During her convalescence, she assured me that her pains were never so severe, and were daily growing worse, and begged me to defer the long-promised operation no longer. I then promised her upon her recovery to give her case my earliest attention. Ten days later, having almost fully concluded to undertake some operative procedure or other, I examined the patient again, determined to abide by whatever impression I might gain on that occasion.

Notwithstanding a lapse of at least two years since the case was first noticed, as far as I was able to judge from the weekly measurements, by palpation externally, and by digital exploration per vaginam and rectum, and judging from the generally accepted history of ovarian disease, the tumor, if indeed it had grown at all, had certainly not increased in proportion to the length of time since first noticed. These impressions, although they

may have influenced me in regard to the nature of the case, did not alter my determination to give the patient the benefit of at least one exploratory operation. Having made this decision, the question naturally arose, what form of an operation would be proper in the given case? The fact of the enormous thickness of the abdominal walls, so excessive as to render a bi-manual examination impossible, and the location of the tumor so very low down in the pelvis, and probably bound down by adhesions, if not agglutinated with the surrounding organs, in my opinion at least militated against an abdominal section. In this dilemma, the idea of ovariocentesis vaginalis occurred to me as the most feasible plan, even if it were only exploratory. A careful review of Dr. Noeggerath's excellent paper upon this subject, tended to confirm me in my decision.

Desiring to fortify myself as completely as possible for undertaking an operation upon a case of such a doubtful nature, and which I believe has never as yet been performed in Boston, I addressed a note to Dr. Noeggerath, stating briefly the conditions, and begging him for any suggestion which might have occurred to him since the issue of his paper. My note elicited a reply which, having furnished me with additional important hints, that farther determined me to select this form of operating, I take the liberty to subjoin :—

"33 West 14th Street, New York, Mar. 3, 1872.

"Dear Doctor :—Yours of the 26th ultimo has been received. In answer I have to say that the case under your care seems to be just the thing for ovariocentesis. I am, however, under the impression that the larger cyst is not presenting behind the uterus, but a smaller one, since the appearance of a prolapsed ovary, can only be made by a comparatively small tumor. If this should be

found to be the case during the operation, you would have to make a large opening into the second cyst through the lower one, and thus secure the draining of the principal one.

"However, if the cyst has come down, as low as you describe, there exist adhesions between the same and the peritoneal covering of the vagina, in which case there is no necessity for uniting cyst wall and vagina by sutures. Please let me know the result of your operation.

"Yours truly,

"E. Noeggerath, M. D."

The patient's habitation not being favorably situated, by the kindness of Dr. Warner, surgeon in charge, and Sister Ann, Sister Superior of St. Elizabeth's Hospital, I was permitted to send the patient there, and have the conduct of the case out of my term of service. The patient arrived in the hospital immediately after the cessation of the menses, and I had proposed to see her five or six days later; but from unavoidable circumstances, my visit was deferred until within ten days of the next catamenia. March 8. The patient was carefully examined by Drs. Storer and Warner, without anæsthesia; certain conclusions were arrived at, but it was thought best to repeat the examination under anæsthesia.

Accordingly, Saturday, March 9, was appointed for that purpose. March 9. The patient was placed upon a Holmes' reclining chair, and after having been examined for artificial teeth, was slowly etherized. She was now placed upon the left side, and carefully examined by Drs. Storer, Warner and myself. In regard to the tumor presenting in Douglas' fossa, all agreed as to the probability of the existence of fluid, but whether it was ovarian, a mono or multi-locular cyst, or a cyst of the broad ligament, in the absence of a bi-manual examina-

tion, it was impossible to state positively. My estimate of the size of the uterus and its relations with the surrounding parts, was, I believe, in the main, substantiated by the gentlemen present. I stated to the gentlemen what I proposed to do, and with their valuable assistance proceeded as follows: The urine having been drawn, I reassured myself, by a vaginal and rectal examination, of the relative position of the tumor with the uterus, rectum and bladder. The vaginal walls were now separated anteriorly by Dr. H. R. Storer's modification of Cusco's speculum, and posteriorly by Dr. Francis H. Brown's skeleton retractor.

The combined action of these two instruments was to bring the presenting tumor plainly to view. Entering at a point one inch posterior to the cervix uteri, I passed the needle of a Dieulafois aspirator in a downward direction into the tumor.

The needle passed into a cavity, and to my delight gave exit to a pale opaline fluid. At least six ounces were allowed to escape by the small canula. The cystic nature of the affection having been established, I removed the exploring needle, and substituted a large, straight Chassaignac trocar. The latter gave a free escape of at least as much more fluid of like quality as the other. After having evacuated the cyst, as far as possible through the trocar, the latter was removed, and following the track of the same, with a blunt-pointed tenotomy knife, I enlarged the opening sufficiently to allow the index finger to pass easily into the cavity. At this point, Drs. Storer and Warner both examined it through the opening, and described its inner surface as made up of a series of valvular partitions resembling tripe, easily broken down under the finger. The extremity of a syringe made from vulcanite, larger at the superior extremity and perforated, with a rubber tube attached, was now

inserted into the cyst, and left in situ, and the patient carried to her bed.

The following is a record of the case after the operation up to the present: March 10. The patient spent a restless night, owing, no doubt, to the anæsthesia. She has received a suppository of sulph. morphia and belladonna; urine is drawn every four hours. March 11. She passed a quiet night, little or no febrile reaction; there is a slight discharge from the wound around the instrument, none through the tube. She received this forenoon, carbolized injections through the tube into the sac, and into the vagina, with a fountain syringe. Her food consists of milk and flour gruel well cooked. 12. She has passed a fair night; has used one suppository; there is no febrile reaction. I attempted in vain to inject into the tube, some obstruction suspected in the vulcanite extremity. In the afternoon the tube was removed, and my suspicions verified. The apertures were filled with thick mucus. The female extremity of the fountain syringe was substituted, and the carbolized injections by tube and in vagina continued. 13. The past has been a good night; one suppository used; the disinfecting injections, also injections of soap and water per rectum, which produced full discharge and afforded great relief. The patient passes her urine involuntarily this forenoon, which she declares was often the case when suffering from pain at other times. 15. The patient thinks she did not sleep well, notwithstanding the suppositories. The nurse thinks she did; the dribbling of urine continues.

March 16. Last night the patient was attacked with violent pain, with tenderness and swelling of the abdomen. The latter was relieved by poultices and suppositories. She is better this forenoon. A careful examination convinced me of more hysteria than danger, possibly developed

by the approaching catamenia. 17. Involuntary flow of urine has ceased entirely. The urine is high colored; is drawn with catheter. The tube slipped out to-day. I proposed to replace it this afternoon, but was prevented by the appearance of the menses. The disinfecting injections were continued in spite of the catamenia. 19. A comfortable night; there has been less pain during catamenia of two days' duration, than for years. 20. Catamenia ceased yesterday. In the afternoon, vaginal examination revealed the track entirely closed. I tried to reopen it with a sound, but failed. The mass is no longer present in vagina, but behind the uterus there is felt a peculiar, irregular, shrunken body, which seems to be the collapsed cyst surrounded by exudation. There are as yet no signs of refilling. The finger passed to the left and above the latter body, came in contact with an almond-shaped body, resembling an ovary, a sense of thickness of the stomach when the latter is firmly pressed, is a strong evidence of the fact. The uterus is more sunken than before the operation, and more or less connected with the debris of the cyst. By the rectum the above conditions were fully confirmed.

March 26. I saw the patient this forenoon; she has taken suppositories every night without any knowledge. The bowels operate regularly every other day. The conditions per vaginam are certainly improving; there are no signs of refilling, and very little tenderness in Douglas' fossa.

I asked Dr. Warner to examine the patient again, he did so on March 23, and stated to me that the tumor in Douglas' fossa had entirely disappeared, and that the shrunken mass which I shall call the debris, was very much less than a week ago when he made his last examination.

April 1. I found the patient sitting up, in good spirits,

having had a fair night. She still persists in having pain, but more in the left leg, and less in the pelvis.

The members of the Society, in the course of the reading this paper, may have already formed an opinion as to the nature of the affection which it imperfectly describes, they will certainly have not failed to notice that a positive diagnosis was not given by either Dr. Storer, Warner or myself. What then is the nature of the affection under consideration?

Let us briefly study some of the more prominent symptoms of pelvic tumors. We have certainly had to do with a tumor situated between the uterus and rectum; its cystic nature determined by the aspirator excludes uterine fibroid, hæmatocele, pelvic abscess, rectocele and fœcal impaction, but there remains the possibility of its being ovarian disease, or ascites. Let us compare the relative symptoms of those affections with the present one. In quite a large number of ovarian cases, which it has been my privilege to examine, I have never noticed pouching into the vagina. My experience is confirmed by Dr. T. G. Thomas * in the last edition of his work upon diseases of women.

In the present case it will be remembered the pouching was quite prominent, extending at least an inch and a quarter into the vagina. Upon pressure the evidences of fluctuation were indistinct. In ascites there may be more or less pouching, but the thinness of the covering renders fluctuation quite distinct. In ascites, cardiac and renal disease are almost always present with its characteristic early sign of œdema of the extremities, and in ovarian disease the latter symptoms occur in the very last stages. In the present case, notwithstanding the lapse of at least two years since its discovery, these symptoms are not present. In ovarian disease the growth is usually rapid, as a rule its course not extending beyond two years.

* Thomas on the Diseases of Women. Third Ed. 1872, pp, 656-7.

Further, the contents of ovarian cysts almost invariably contain albumen. In our case not the slightest trace was found. Finally the result of the operation: namely, a complete obliteration of the sac by single evacuation, a result so different from that which obtains after tapping in ovarian cyst or ascites, would seem to exclude also both of these affections. After a careful consideration and comparison of the above facts together with the relative condition of the parts ascertained by repeated examinations before and after the operation, I am convinced that I have had to do with a cyst of the broad ligament. I have said above that the patient complained of pain subsequent to the operation; now while I attribute much of her complaining to hysterea and possibly to malingering, I cannot but think that some of it is real, being dependent upon the following conditions.

We have had here a tumor containing not much less than sixteen ounces of fluid, occupying a space between the uterus and rectum, pushing before it an enlarged and chronically inflamed uterus. Upon the removal of this body an entirely different condition of the parts necessarily obtains. The uterus to a greater or less degree by its increased weight must lend to gravitate toward the space left vacant by the obliteration of the tumor, and thus by pressure upon surrounding parts, possibly upon the prolapsed ovary of that side, as well as the pelvic nerves, or by traction upon old organized adhesions may give rise to the pain and discomfort of which the patient complains.

Governed by this supposition, I propose to continue the treatment by applying medication to the uterus, and surrounding parts, with a view of reducing the sub-involution and absorbing the peri-uterus exudation.

I have purposely delayed the completion of this paper in order to test the value of the above plan.

May 10. I have seen the patient regularly once and sometimes twice per week since the operation, and once per week the uterine cavity has been treated with Tinct. of iodine, and Douglas' fossa freely painted with the same. The uterus has lessened materially in size, and is much lower in the pelvis. The site of the tumor has entirely disappeared, the patient suffers less pain, and will probably leave the hospital by the first of June entirely cured.

A QUESTION OF PRIORITY IN REGARD TO THE SUGGESTION OF THE TRUE PATHOLOGICAL PRINCIPLES GOVERNING INVERSIS UTERI.

By Frank A. Ramsey, Knoxville, Tenn.

(Communicated to the Society, and read 5th March, 1872.)

It has often been said that novices in the principles of chess when watching a game in progress and contested by experts, are able to detect errors and discern advantages which the players would permit to pass without correction, or without rendering them available.

It is so in the practice of medicine and surgery. The experts in metropolitan localities familiar with the variety of forms of disease and of accidents by reason of the largeness of number of subjects furnished by vast population, occasionally may be corrected, or advantaged in suggestions made by individual practitioners whose opportunities for observation, and for acquiring tact and skill in practice, have been relatively insignificant.

Metropolitan experts, exultant in the capaciousness of the field occupied by them for personal observations, and proud in their positions, perhaps all worthily won, which

give to their enunciations ex cathedra force, by far too often forget the spirit of Sir Astley Cooper's declaration, that individual observation is inadequate to qualify, and deprivation of the privilege of conferring with cotemporary and previous laborers in the same work is enough to unfit any one for the discharge of the responsibilities involved in the practice of medicine and surgery,—by far too often ignore this sentiment, and too commonly give illustration of the truth asserted by M. Navier in the Paris Academy of Science that, "In memoirs on medical subjects the author too frequently defends a thesis instead of examining a question."

Practitioners of medicine who labor in fields where opportunity is not furnished for extensive personal observation, but who are fired by zeal, and are emulous to secure for their patients the exercise of the best judgment, and the application of the remedial art in comprehensive and matured considerateness, are diligent, in season and out of season, to obtain familiarity with facts, not operations, and in the search become acquainted with the hypotheses, theories, rationales and opinions of others differently and similarly circumstanced with themselves, and may, upon occasion, the better to subserve the common interests, without obtruding, ask for elucidations or institute comparisons.

There can be no doubt of the intimate familiarity of Robert Barnes of London, with all that appertains to the healthy and diseased womb. As a teacher he is beyond valuation. Indeed, I think that any one possessing sufficient knowledge of anatomy can make a successful obstetrician, though he confines his study of books on the subject to Collin's Clinical Midwifery, and Barnes' Obstetric Operations.

But I think too, that there are some things in the last named work that ought to be viewed in a different light

than that in which they stand, and some things that ought to be challenged.

They are points belonging to the province proposed to be occupied by the Gynæcological Society of Boston, and I avail myself of the privilege accorded to me as a corresponding member to specify, and to ask the active members of the Society to give to the points the distinction and prominence which, it seems to me, they have not had, and to which I think they are entitled.

Barnes designates conditions as favoring, and action occurring in the tissues, occasioning inversion of the womb; but he does not fail to mention, and again to enforce atttention to PULLING UPON THE CORD as a mode in which the accident is produced.

I published in the Nashville Journal of Medicine and Surgery, August, 1867, a history of a case of inversion of the womb in which this point is canvassed. "The accident itself is one, as Dr. Radcliff has shown, that may happen in the best hands, seeing that it sometimes depends not so much upon any practice which the surgeons may have adopted, as upon morbid actions taking place in the uterus, over which he has no control." And, to establish the truth of the quotation, introduced cases not admitting even suspicion of "cord pulling" that had been placed on record by Sir Astley Cooper, and Dr. Walker of Europe, and Dr. D. Humphrey Storer of America, and closed with the affirmation of Madame Boivin that the uterus will never become inverted unless its tissual condition is essentially abnormal.

Barnes is positive enough regarding abnormal tissual condition as essential to the occurrence of inversion, but does he not unnecessarily keep before the pupil, his reader, the asserted influence of "pulling on the cord"? The propriety, or impropriety of the manœuvre is an obstetrical matter, and as such not meet for discussion

now. But really, has it any interest whatever to the gynæcologist ? Except the womb be abnormal in condition, " softened, thinned, disturbed," says Madame Boivin, " paralysis," says Barnes, can any degree of " pulling upon the cord " ever occasion the gynæcologist the necessity of considering an instance of inversion of the womb ?

I regard inversion of the organ, however partial or complete, as the effect of morbid actions, incidental to, or dependent on abnormal tissual condition ; and I have expressed myself interrogatively to elicit from the esteemed gynæcologists of Boston full expressions of opinion relating to the essential tissual condition of wombs before inversion occurs, during the action by which inversion is accomplished, and after inversion, of any degree, prevails.

I am, however, more anxious for expressions of opinion relative to the value of certain conditions, or exhibitions, as certain in determining the presence or absence of inversion of the womb.

Newham has been extensively quoted as asserting " the fact that polypi and inversion of the uterus have been repeatedly and interchangeably confounded with one another." But Barnes says that the observance of particular rules will prevent that error, and in stating them the first rule is formed upon the postulate, " *that true polypus is not sensitive, the uterus is acutely so when compressed.*" This is the positive language of the great English teacher. Is it true ? I earnestly ask is it true ? and if it is not true, why do teachers employ language so strongly affirmative ?

In the paper published by me in 1867, a copy of which is forwarded to the Society with this letter, I find these words. " Neither can insensibility be esteemed as peculiar to polypus, or sensibility as appertaining to inversion

of the womb. The annals are replete with instances of inverted womb, like the one here added, destitute of sensibility." And to sustain the truth of the first part of the paragraph, I introduced cases of sensitive polypi that had been put on record by Robert Lee of London, and Dr. Johnson in Dublin Hospital Reports, but did not, as I might have done with propriety, mention an instance of sensitive polypus that had been successfully removed by myself from a woman in Knox County, Tennessee. The proof of the truth of the last part of the paragraph was the history of the case of inversion of the womb that gave occasion to the remark.

The simplicity in difference thus is alone in the positiveness of language employed by a teacher, relative to a matter that is in itself very recondite, and often so much so as to have occasioned the perpetration of error by the most expert of all countries.

I have no disposition to enter a claim for priority in the application of a remedial agent or principle, and if I had, I have no means of determining the correctness of the position I would assume. I do not know how long before its republication in this country, in 1870, "Obstetric Operations" was published in England. But of the various modes employed for the reduction of inversion enumerated in the work the sixth is thus expressed. "*We may apply sustained elastic pressure.*" And the author refers to it frequently, and with decided approbation, and in a manner which implies its common use, and its received, or established, position as a remedial, or curative measure.

I am sure though, that full three years before the republication of Barnes' work, my case of inversion of the womb was treated, and its history published to the profession, and I quote from it, on this point, and mode of treatment.

"The result in this case was attained, it is believed, by *the application to the inverted fundus, during the process of involution, of a constant pressure in the direction of the axis of the organ in its natural position.* Had the pressure been absent any action of the tissue of the womb must have maintained, if not intensified the inversion; but inasmuch as pressure was constantly present on the fundus, any action in the womb tissue was compelled to result in the organ assuming position in the direction that the pressure operated. * * * * It has not occurred to me to know of but one other case in which probably the same principles were involved, and in which pressure was efficiently applied. * * * * It occurred in 1837 to Mr. Colby of Bridgewater. He succeeded in affording effective relief to a patient who had labored under complete inversion for seven years. * * * By applying a gradual and gentle pressure he succeeded in replacing the inversion, * * * and the formidable operation of excision which Mr. Colby had proposed, and to which she had consented, was thus fortunately superseded."

I am told that a little while after the publication of the history of the case from which the quotation is made, Dr. Emmet of New York, in an article on inversion of the womb, thought the principle of practice, that I had believed was the source of cure in the case, to be so plausible and erroneous as to merit prompt denial from a source of so much authority as one, like himself, in the exercise of an immense practice amongst females. I have never seen the article, but have information that it contains the suggestion, if it is not asserted that the reduction of the inversion occurred under the manipulations that had been made before the application of the principle, and the air filled elastic bag, and that the reduction had occurred under the manipulations, and without the knowledge of the several operating surgeons. It is then

a reasonable inference that the asserted source of cure was unique and new to Dr. Emmet, and this fact suggests to me the probability that the several authorities mentioned by Barnes in connection with the success of the sixth mode of treatment enumerated by him, have all operated since May, 1867, that is, after the application of the elastic pressure, and the statement of the principle, as published by me in August, 1867.

GYNÆCOLOGICAL SUMMARY.

By George Holmes Bixby.

V.

We continue with No. 2, of Vol. III., 1870, of the American Journal of Obstetrics, and with the Transactions of the Philadelphia Obstetrical Society, meeting of March 3, 1870.

"Dr. John H. Packard then made some remarks upon the

DIVISION OF THE INTERNAL OS IN CERTAIN FORMS OF DYSMENORRHŒA.

"He had never operated in any cases but those free from uterine disease, as proved by the freedom from all symptoms during the intermenstrual periods, the narrowing of the internal os being the only abnormal condition present. The dysmenorrhœa in all these cases was of a pure mechanical type, labor-like until the flow was fairly established. He used from preference the Ferguson cylindrical speculum, Agnew's hysterotome, the uterine sound and tenaculum, and also sponge-tents. The cervix being exposed, the anterior lip seized by the tenaculum, the sound is then passed to ascertain the

direction of the canal, followed by the hysterotome, so arranged, that, when the blades are sprung, the tissues will be cut to the extent desired. A sponge-tent is now passed up, and the patient put to bed. He always visits his patient again in six hours, although the tent may be left in for eighteen or twenty-four hours. Next day the speculum is again introduced, the tent removed, and a larger one inserted if deemed necessary. He operates in this manner without hesitation or fear, as no bad consequences have ensued. His patients have all been completely relieved, and, although several months have elapsed since the operation, have experienced no return of the dysmenorrhœa.

"Dr. G. Pepper made some remarks on the closure of the *os internum* being its normal condition of health, especially in nulliparæ; and thought that when patulous it indicated disease of the uterine cavity. He believed that, as a rule, when so large an instrument as Agnew's hysterotome could be passed, very little obstruction could exist to the escape of the menstrual blood. He also thought that many so-called cases of mechanical dysmenorrhœa, supposed to have been relieved by incision, were really instances of endocervical catarrh cured by the local depletion and by the pressure from the sponge-tents.

"Dr. J. G. Allen questioned the advantage derived from the bilateral incision, and was inclined to second Dr. Pepper's remarks. He spoke on the use of sponge-tents, said that he believed serious and dangerous symptoms might be produced by their use, even when rendered disinfectant by potass. permang., carbolic acid, etc., which were in too small quantities to be of much service, and were soon neutralized. Sponge-tents were open to grave objections, from the decomposition of blood and other discharges in their interstices; he therefore never allowed them to remain in position over twelve hours, and advocated even an earlier removal.

"Dr. E. L. Duer stated that he had little or no experience in such cases as Dr. Packard had related, but he had often practised the antero-posterior incision in certain cases of flexion; the method being that advocated by Sims, of New York. He said that he now dispensed with the use of the speculum or of any other instrument in passing up a sponge-tent, by using his left index finger as a guide to the os, and sliding the tent along its palmar surface, with the index finger of the right hand.

PUERPERAL CHOREA.

"Dr. William Goodell read the history of a case of puerperal chorea, with remarks upon the nature of this rare disease.

"Dr. F. G. Smith asked the mental condition of the patient before the last violent attack.

"Dr. Goodell replied that she was far from bright, and had the peculiar soft and dreamy eye so common in persons of feeble intellect.

"Dr. A. H. Smith stated that he had never seen so painful a case before. It exceeded in violence any hysterical attack, or any case of puerperal convulsions he had ever witnessed. What was still more painful, was the entire consciousness of the girl, and the piteous, appealing look for relief that she constantly cast upon her medical attendants.

"Dr. Goodell enlarged upon the condition of the urine, the absence of albumen, and the excess of urates, just the reverse of the condition of the urine in eclampsia, which is also a disease producing violent muscular movements.

"Dr. F. G. Smith thought that, in the present state of our knowledge, we must attribute the presence of the urates in choreic urine to the waste arising from excessive muscular action.

"Dr. Packard drew attention to the fact that the absence of surface heat and of perspiration in this case, would seem to indicate that there could not be such a waste of tissue and of vital force in automatic as in voluntary muscular movements.

ABORTION WITH RETAINED PLACENTA.

"Dr. Robert P. Harris said that he had recently been called to attend a lady in her second pregnancy. She fell in premature labor at about the eighth month, in spite of every effort at prevention. After the fœtus was expelled the uterus failed to contract, and after waiting for some time for the spontaneous expulsion of the secundines, Dr. Harris passed his hand into the uterus and found the placenta firmly adherent around the right cornu, while the uterine tissue at this point was perfectly flaccid and relaxed. A portion of the amniotic sac had become inverted, forming a large pocket in which a mass of coagulated blood was contained, thus giving rise to much the appearance of a large polypus. Dr. Harris readily removed the coagula, and afterwards the placenta. He only alluded to the case as presenting interesting points in relation to diagnosis.

"Dr. William Goodell, in commenting upon the case, said that he could explain it in no other way than by supposing that the membranes had formed abnormal adhesions to the uterine walls. This condition he believed was much more common than was generally received, and in this way he explained those cases where the placenta was inverted and the membranes torn cleanly off, and subsequently removed with very great difficulty. Dr. Goodell believed that those delicate adhesions existed as a normal condition, and it was by their abnormal development that such cases as the above were produced.

He also thought that these adhesions might become abnormally developed as the result of inflammatory disease around blood clots, or from the failure to separate of some of the natural submucous adhesions when the decidua vera atrophied and became continuous with the decidua reflexa. Other members made remarks on the subject substantially to the same effect.

DYSMENORRHŒA INDUCED BY A PESSARY.

'Dr. Robert P. Harris related the history of a case which he had received by letter from a medical friend. A young girl who had suffered from profuse menorrhagia, unaccompanied by pain or other evidence of uterine disease, had, for some uterine malposition, a pessary introduced. The succeeding menstrual periods became exceedingly painful,—the pain and disturbance subsiding, however, upon the removal of the instrument. The dysmenorrhœa induced was of the mechanical expulsive character.

"Dr. Harris believed that the symptoms arose from the posterior bar of the instrument (a Hodge pessary) pressing upon the os uteri, thus occluding the calibre of the canal.

"Dr. G. Pepper had seen much the same train of symptoms induced as well by the introduction as the withdrawal of pessaries, and in certain cases was inclined to attribute the suffering experienced to the altered position and circulation of the uterus, and could scarcely believe than an instrument exercising sufficient pressure to close the cervical canal or os uteri externum could be worn in the intermenstrual periods without any evidence of disturbance.

"Dr. F. G. Smith had noticed the same condition particularly well marked in a case recently under his care."

No. 3, Vol. III, November, 1869, contains Notes on Laminaria Tents, by Dr. J. C. Scott of New York. The following are the conclusions drawn from the subject as far as observed :—

"1st. Where moderate dilatation is required, the laminaria is preferable to the sponge tents.

"2d. If placed in warm water, just before introduction, for a few minutes, they become flexible, coated with mucilage, are easily curved to suit the cervical canal, and may be inserted with the utmost facility.

"3d. From their smoothness and softness they are removed without force, and produce no abrasion or irritation.

"4th. They may be medicated with morphia, iodine, or any thing *soluble in water*, but do not absorb alcoholic solutions or glycerine. After being so charged, they may be dried and kept for use an indefinite time.

"5th. They do not become putrid, and therefore poisonous, as do sponge tents, and may therefore be retained 24 hours or more with impunity.

"6th. The black, ovoid laminaria, from the Bay of Fundy, is much preferable to the other varieties yet brought to our markets, and free from the objections I have seen made to laminaria by some writers.

"7th. The laminaria will be found of great benefit in obstructive dysmenorrhœa, if introduced a few days before the menstrual period, and also in cases of uterine catarrh connected with contracted cervix; they prepare the way well, too, for all intra-uterine medication. In either case, if softened in hot water before introduction, they rarely produce any pain or irritation.

"8th. I think it better to insert several small tents than one large one, as the small ones expand more rapidly than the large ones."

From the Transactions of the Philadelphia Obstetrical Society, session of December 2d, 1869: —

OBLITERATION OF THE FALLOPIAN TUBES, ACCOMPANIED BY AMENORRHŒA AND STERILITY.

"Dr. R. G. Curtin read the following history: C—— W ——, a stout, robust, middle-aged Irish woman, was admitted August 28, 1866, to the insane department of the Philadelphia Hospital, laboring under an attack of acute mania brought on by intemperance. After her admission, in a lucid interval, she informed Dr. Curtin that she had never menstruated, but that periodically she had pains in the head and back, with all the other symptoms usually accompanying the performance of this function, and attributed her mental condition, in a measure, to the absence of the flow. She had been married and living with her husband for ten years, and had never conceived. The maniacal symptoms returned, and she died, very suddenly, three days after admission.

"On post-mortem examination no abnormal condition of the brain could be discovered; the immediate cause of death was an extensive pulmonary apoplexy. The external sexual organs were normal, the uterus undersized, but with all its appendages complete. On both fallopian tubes, about midway between their extremities, were bead-like prominences. On laying them open, two calcareous nodules were found, each one about the size of a pea, and completely obstructing the calibre of the tubes, which, above these points, were dilated and distended by fluid. The ovaries were marked with numerous cicatrices of ruptured graafian vesicles—one apparently being only three weeks old. No evidences of pelvic peritonitis.

"Dr. William Pepper remarked that cretaceous nodules

appeared to him to be the remains of old blood-clots which had originally formed in the fallopian tubes. In the great majority of cases, at least, calcareous formations occur as the sequelæ of former plastic exudation or of coagula. The transformation is effected by the disintegration and absorption of the organic constituents, while the inorganic calcareous portions remain as an amorphous mass. The symmetrical disposition of the nodules in the present case seems to render probable the view of their being transformed coagula. In this connection Dr. William Pepper alluded to a series of morbid conditions of the fallopian tubes which he had observed, in which different stages of this process appeared to be present. In one instance both fallopian tubes were distended with firm, partially-decolorized, but not as yet disintegrated clots. In a second, both tubes were much enlarged and filled with a soft, cheesy substance of yellowish color, apparently caused by the disintegration of clots. In several other cases, the free opening of one tube was closed, and the distal portion of the tube itself distended with a clear, serous fluid (pseudo-cystic disease of the fallopian tubes). In the latter cases, it is most probable that the condition was the result of inflammatory obliteration of the free opening of the tube, and the subsequent accumulation of fluid in its extremity thus closed. But it might be that here also a clot was the starting point of the process, and the complete removal of its solid portions was followed by a pseudo-cystic condition, such as is found in the subarachnoid or arachnoid space after meningeal hemorrhage. The present specimen would seem to present still another of the sequelæ which are well known to result from the formation of coagula, and from their subsequent degenerative changes.

"An animated discussion arose on the relationship existing between menstruation and ovulation. Dr. F. G.

Smith defended the view that, though frequently coincident, yet they did not bear the relationship of cause and effect, and illustrated his remarks by cases. The opposite side was espoused by Drs. A. H. Smith, William Goodell, and others.

"Dr. J. G. Allen related a case where a woman conceived before menstruation.

"Dr. O. P. Rex had also seen a case where a woman bore her first child at the age of 21, and menstruated, for the first time, only several years after the birth of her third child."

TREATMENT OF UTERINE HEMORRHAGE.

"Dr. George Pepper stated that he had no experience with the injection of either of the astringent salts of iron in post-partum hemorrhage, but had used them quite extensively in metrorrhagia; he had been led to prefer tannic or chromic acid, on account of the smaller bulk and less consistence of the resulting coagula. He related the histories of two cases where he had succeeded in arresting hemorrhages with chromic acid, after failing with the subsulphate of iron. Dr. P. alluded to Dr. Nott's excellent articles in the *American Journal of Obstetrics and Diseases of Women and Children*, on Intrauterine Medication, and referred to the author's conclusions, in which he preferred iodine and alum as hæmastatics, on account of their not coagulating the blood or discharges.

"Dr. Pepper also related the history of a case where a young woman with one child, four years old, had for some six months past been menorrhagic, and complaining of symptoms of uterine ill health. On examination, a growth was discovered springing from the whole length of the anterior wall of the cervical canal. The mass

was elongated, about the size and shape of an olive, and very dense, and completely non-sensitive. It was seized with sharp-toothed forceps, drawn down, and carefully dissected off with long-handled knives,—but slight pain or hemorrhage attended the operation. The next two menstrual periods were characterized by profuse hemorrhage, but ergot and the mineral acids internally, and a thorough application of a solution of chromic acid (1 pt. in 7 of water) to the base, promptly arrested the bleeding, and the woman is now well. Under the microscope the tumor proved to be of a purely fibrous character, no cellular elements being detected."

ABDOMINAL METEORISM.

"Dr. Horace Williams related the following history: A woman, 47 years of age, the mother of four children, ceased to menstruate two years ago, after a period of irregularity. There were no nervous disturbances at the time, but soon afterwards she began to suffer from occasional tympanitic distention of the abdomen, associated with great mental depression. The paroxysms increased in severity and frequency until Dr. Williams saw her, when they were accompanied by irregular sympathetic disturbances, such as sudden partial flushings and sweatings. The attacks would come on without warning, while she was in apparent perfect health, and bore no relationship whatever to mental or digestive derangements. During the paroxysms the abdomen would almost instantaneously become enormously tympanitic, the distention being so great as to seriously interfere with respiration, and even to bend the body backwards —the only mental disturbance being apparently caused by the fear of "bursting," as she expressed it. After a

variable period the distention would subside as rapidly and suddenly as it had supervened, leaving her in a condition of excessive mental depression, and not unfrequently bathed in a cold sweat. She had been using assafœtida in enormous doses for two months without any benefit. On vaginal examination there was commencing senile atrophy of the uterus, and a considerable deposit of adipose tissue in the abdominal walls. Bromide of potassium entirely relieved her."

No. 4 of Vol. III., 1871, contains an article upon The Introduction of Sutures into the uterus after Cæsarian Section, by Charles F. Rodenstein, M. D., of Westchester, N. Y.

A rare form of Spina Bifida, the sac projecting into the abdominal cavity and of a size to present features in common with an ovarian cyst, by Dr. Thomas Addis Emmet.

The subject of Urethrocele, Catarrh and Ulceration of the Bladder in Females, is treated in an exhaustive paper, by Dr. Nathan Bozeman of New York.

Dr. Harris of Philadelphia has a carefully written paper upon

EARLY PUBERTY.

From the examination of numerous reported cases of infantile puberty, Dr. Harris draws the following conclusions: —

"1st. With very rare exceptions, no matter how young the infant may be in whom the menses have made their first appearance, the mammæ are found unusually developed, and the pubis shaded with hair.

"2nd. The subjects have, in almost all instances, menstruated regularly, grown rapidly and vigorously, been somewhat inclined to obesity, and have not presented any signs of weakness resulting from the menstrual loss.

"3d. This form of precocity appears to be little, if at all, dependent upon any climatic influence; the later variety is undoubtedly accelerated by heat.

"4th. The maturity of the uterine system is generally independent of any marked precocity of development in the mental faculties.

"5th. Sexual passion, so general with precociously developed male infants, is seldom a marked characteristic in females of corresponding years.

"6th. The first appearance of the menses is more common during the first, second, and third years of infantile life, than it is in the fourth, fifth, and sixth.

"7th. Infantile puberty is more common in the female than in the male sex, although in the latter there are cases which are quite as remarkable as any in the former."

In conclusion Dr. Harris observes:—

"I would urge upon all physicians the importance of warning parents not to let their children grow up to puberty in ignorance as to the menstrual function, for this may not only lead to great nervous disturbance, but serious disease. I met in New York with a woman of twenty-six years of age having her heart so frightfully diseased that she was not only a great sufferer but was looked upon by physicians as a living curiosity, whose affection resulted from rheumatic inflammation produced by her having bathed her genitals at the age of thirteen, under the impression that the menstrual flow was a bleeding from some accidental injury, her mother never having warned her of the event, or instructed her as to what she should do upon its appearance. This was a lesson to me which I have made of some practical value whenever occasion required it, and a means of enforcing compliance."

At the meeting of the Philadelphia Obstetrical Society,

Dec. 1, 1871, the following discussion was held by Dr. Goodell and Robert Harris, upon the latter's paper upon early puberty.

"Dr. Wm. Goodell remarked upon this paper, that, from an extended experience acquired by a residence of many years in Constantinople, he was still disposed to attribute the precocious menstruation, which undoubtedly existed in warm latitudes, not so much to the influence of climate, (as affirmed by Haller and Montesquieu) nor to 'family peculiarity' and 'race,' (as Roberton contends) but to the licentious practices of the inhabitants. And, if he were then met by the argument, that sensual forms of vice vary in degree according to corresponding isothermal lines, attaining their maximum at the equator, irrespective of religion and nationality — which would again bring up the question of the underlying influence of climate—he should reply by adducing the significant geographical fact, that the torrid zones of the old world are peopled by Mohammedan and heathen tribes. For it is well known that these two great classes of the human family are abominably lewd the world over; whether they live on the cold plains of Siberia, on the wild steppes of Tartary or under the tropics; always provided they are congregated in cities, and are not leading a nomadic life, which lacks in opportunities."

(*To be continued.*)

APPENDIX.

Female Hygiene.

A Lecture delivered by Request of the California State Board of Health, at Sacramento, on the 28th April, 1871, and at San Francisco, on the 25th May, 1871.*

By Horatio Robinson Storer, of Boston.

To a tired man, just preparing for a month's respite from constant and harassing care, by crowding that month's work in advance into the busy weeks preceding it, there came most unexpectedly Dr. Logan's kind request to add an Alp to the already too heavy burden. The very idea of preparing for delivery, under the auspices of the California State Board of Health, a lecture upon Female Hygiene in any way worthy the intrinsic importance of the subject, seemed like raising for the traveller a far more impassable barrier betwixt Boston and Sacramento than wonld once have been the dizzy heights, the floods, the wilderness, that intervene.

I confess then, frankly, the reluctance with which I have assumed this task, and my conviction that in its performance I shall be found to fall far short of what you, perhaps, may think that you have the right to expect. I have undertaken it simply because, anticipating so much pleasure during my short stay in your State, it seems my duty to accept the opportunity now given me of endeavoring to make some slight return.

No person can reach adult age without becoming impressed, often painfully so, by the belief that there are very different factors underlying the hygienic conditions of men and women; inherent elements, surely governing, and producing results that in the case of the gentler sex, to whom only we are now to give attention, are favorable under certain circumstances, extremely unfavorable under others;

* Reprinted from the First Biennial Report of the State Board of Health of California.

and then, disastrous not merely to the individual, but, in one way or another, to the wide circle of persons who may be within her immediate influence, and at times, however indirectly, to the whole community.

The effects referred to, comparing the health of one man with that of one woman, or of any number of hundreds or thousands of the the first with an equal array of the other, are far greater, proportionately, in the case of the woman. That is to say, while,

First. Women are naturally more exquisitely delicate in their physical organization than men; more acutely sensitive to all emotional agencies; different in the very character of their intellect, as well as in its methods of thought, and far more spiritual (to use the term as expressive of a near approach to the source of all that is pure and angelic), and while,

Second. Women are prone to a thousand physical ills and disturbances, many of them very severe, and some of them as yet practically incurable, — the foundation, each and every one of them, at times, of mental disorder as well (in itself far more lamentable than the direst form of bodily suffering), — of which men practically and from their own personal experience, do know and can know comparatively nothing;

Third. The health of women is much more liable to grave derangement from strictly hygienic cause than that of men.

It is of this latter fact, and of this alone, that I have to speak to you. I shall point out some of its more prominent illustrations, and suggesting briefly what needs to be done for relief, and for prevention, which is always so much better than cure, I shall have done well if my words prove to the people of your State, seed that in its fertile soil may bring the harvest quicker and more abundantly than can obtain in those icy and sterile older regions whence so many of you have come to this American Canaan.

I shall have to speak very plainly, and must verge upon matters that, perhaps because they affect the best interests of society, are too often unwisely left to an unbridled imagination, wholly ignorant of the simplest laws of sanitary science. I shall trust, however, not to offend even the most delicate ear, and to carry conviction of the infinite importance of what I shall speak of to each and every one of you.

But it is possible that I may be asked, is it really true that women, like those treasures of finest workmanship whose value is enhanced just in proportion to their delicacy and fragility, are so prone, in

their very nature, to disease; so wonderfully interwoven together of body with mind, through their intricate nervous organization, that a mental shock or strain can occasion physical disturbance, and physical derangement induce mental aberration or entire intellectual dethronement, and so liable to confirmed invalidism, or an untimely taking off, as I have now stated? Does a *man* make this inquiry, he can hardly have lived in the average domestic circle, awake to the anxieties that there ever press so heavily. In the old pioneer times here in California, such might have been possible. An enforced celibacy, or the enchantment of half-forgotten memories, heightened by distance in space and the longing for a brighter future, could perhaps have clad each dreamer's ideal with the richly glowing tints painters in Holland so loved to copy from their buxom sweethearts and wives. But the flushed cheeks and the sparkling eyes of those visions of eighteen hundred and forty-eight were but the hectic hollow and the unnatural lustre of New England's consumptive ghosts, — the nut-brown maid, but the sallow victim of our central and southern malaria, — so many of whose hearts were then breaking from weary bereavement and the idle tales of a flippant, gossiping press, every word of which seemed aimed at some especial darling, far away as he was from all protecting influences, save the mighty one of prayer.

Is it a *woman*, on the other hand, who questions what I have said, of the comparative delicacy which so invests her, by Divine compensation, with a claim upon man's esteem, pity and reverence? Then, exception to her sex, epicene and valueless, alike morally and physically monstrous, let her descend, devoid of every sense of shame, to those planes of competition with her grosser opposite, for which the unsexed women of the present day so clamor and strive. As broker, politician or professional person, these self-satisfying paradoxes may succeed in gaining their daily bread. But, relinquishing thus that sweeter sphere for which Eve's daughters were created, no longer the partners but the rivals of man, they have lost, to all with a spark of what we still call chivalrous feeling, or a trace of respect for aught above what is purely material and utilitarian, almost as though they were the abandoned creatures of the streets, every claim upon what in their hearts they still so instinctively cherish and long for. This being so, and I know that my words must be felt to be true by all who hear me, I might proceed.

And yet there is a something more that I ought, just at this point, to say. It may come to you with the better grace from a stranger than from one of your own people; and if he has had at all commen-

surate opportunities for judging, his statement of the fact to which I am now about to refer, may carry more perfect conviction.

In one of the latest issues of your medical periodical press, the assertion appears, that "Dr. ———, of San Francisco, speaks of the much greater prevalence (of certain forms) of non-specific (or non-blamable) local disease in women, in California, than in the Atlantic States, as a fact not only confirmed by his own experience, but by that of every intelligent physician with whom he has conversed upon the subject."

I doubt if the above remark is perfectly borne out by the experience of any number of those physicians who, previous to their settlement in California, had given as much attention to the study and care of sick women, as since their residence here. It will be observed that I am speaking now of "non-specific" disease, — that unattended by any imputation of shame. Woman is woman everywhere in the world. She may suffer unduly from goitre in Switzerland; she may wholly escape pelvic cancer in Iceland, as of late seems to have been shown by the learned gynæcologist of that country, Dr. Hjaltelin.* She may have peculiarities due to her race, as those special hypertrophies of the breast and other parts of the body, that to Hottentot eyes are so ravishingly beautiful; or, as in the negress, she may be far more subject to fibroid tumors than the Caucasian; but there seems to be no reason that in California, now comparatively an old, sedate and well-governed community, there should be any redundance of a class of local affections, that in themselves are common everywhere, and dependent, for the most part, not upon climate, nor diet, nor dress, nor business employment, but upon a neglect, in the single, of proper rest from fatigue, and in the married, of the simplest rules of conjugal courtesy. This is not a mere presumption of my own. It has been borne out by the study of California patients, during quite a number of years.

I shall now present to you, more decidedly, other views regarding yourselves, upon a matter of even greater moment.

A noted, but I think a little too hasty writer, a practitioner of your own State, put into print twelve years ago a statement that struck me at the time as very extraordinary. It was certainly very damaging to the reputation of your people, and, however limited the circle of unprofessional readers that it reached, it must have caused many a cheek to tingle with shame, many a one to flush with indignation, here in your midst. I have no doubt that the mental anxiety and anguish that it occasioned at a distance were simply incalculable.

* Journal of the Gynæcological Society of Boston, March, 1871.

"In no place of civilization," it was said in eighteen hundred and fifty-eight, by this gentleman, "do the causes [of ill health among women] exist or prevail to the same extent as in California." These causes, the writer referred to went on to state, were chiefly the "yielding to the seductive allurements of sexual dissipation. This applies," he said, "equally to the unmarried and married; and so general is it," he continued, "that I believe I am correct when I estimate two in every three females, who have reached the age of fifteen, to be victims of this dissipation." *

The above statements I cannot but believe to have been exaggerated, even so long ago as eighteen hundred and fifty-eight, however unintentional it may have been on the part of their author to convey a false impression. Were they made by any one, of the California ladies of eighteen hundred and seventy-one, he would at once be branded as a disreputable person. The paper, however, from which they are quoted bears intrinsic evidence of having been very hastily prepared; and in this fact there must be allowed to exist a sufficient measure of excuse, were such thought necessary. The report opened with the following remark, which should be borne in mind when the charges that it made are taken into consideration: "During the past twenty-four hours," such is the admission of its writer, "I have thrown together these facts and reflections in an exceedingly rude shape."

It must not be forgotten, moreover, that physicians, dealing as they have necessarily to do, with so much of vice and wretchedness, may easily lose sight of what is good in the world about them, overborne as it were by their enforced contemplation of its opposite. With conversations that I have had with my friend, upon whose statements I am commenting, since reaching San Francisco, I am satisfied that he made them in good faith, and it is my desire to relieve him, so far as possible, from the grievous false position toward the community and the profession he has by some been thought to occupy.

The immediate effect of the paper seems to have been singularly unfortunate. Not only was the better portion of the public disgusted, but its confidence lessened in that profession, one of whose members had so seemed to malign it. Could ladies consult a physician, if their most innocent ailments were to be made the object of so uncharitable suspicion or comment? Could husbands endure to be

* Report on Obstetrics and the Diseases of Women, by R. Beverly Cole, M. D., of San Francisco. Transactions of the Third Session of the Medical Society of California, 1858, p. 133.

supposed always the brutes a vivid imagination would portray them?

Besides all this, it is more than probable that what appeared so great an act of indiscretion had no little to do with the torpor and temporary death that soon fell upon the State Medical Society of California, then in its earliest infancy. Many physicians felt that their experience had been misrepresented, and that the publication under the stamp of the society, — for the paper referred to was printed in its Transactions, — of what might thus be thought to have been indorsed by them, was a decided and permanent injury to their practice, from which it might take many years to recover. It was certainly a fearful blow at the progress of gynæcology, — that beneficent science to whose revelations the world owes an ever-increasing number of women's lives that otherwise were untimely sacrificed. Let us hope that the present year, signalized as it is by the first formal recognition upon your own ground of the members of the American Medical Association by their brethren of the Pacific Coast, and by the establishment of the State Society upon a far firmer basis than it had in that early time, may mark a turning-point in the reciprocal relations of the profession and your community; the one pursuing their arduous and so often unpleasant duties with greater zeal and enthusiasm than ever before, the other bestowing a freer confidence and reaping therefor a commensurate reward in better health and prolonged lives.

I have spoken, you will perceive, very plainly upon this topic, basing my right to do so, as I have said, upon personal observation of many Californians, during my score of years in practice. They have been women in every class of society; some of them rich and some of them poor, — married and unmarried; some of them returning home to the East for a permanent residence, others temporarily visiting their friends, and still others coming solely for the purpose of seeking advice and treatment. Their diseases have been the same in type, — covering, as all these affections do, everywhere in the world, a vast range of differential peculiarities, — as those of their sex in other parts of our country. Certainly, they have been no worse; certainly, they have afforded me no ground for suspicion that the people of California, at the present day, lack more than usually the moral sense.

And again, granting that the influence of the old times was not wholly lost, when, in the scarcity of women here, a stray bonnet or slipper is said to have been publicly worshipped, and when the overland journey or the trip around the Horn was attended by peculiar

danger to a woman's good name, and that a dozen years ago your State was still a frontier country, and under circumstances in many respects exceptional; it was not, however, so very much more so than many distant or isolated portions of the Union at the present time. I happen to be familiar, from personal study upon the spot, with the diseases of woman as they prevail in several parts of the British Provinces and in our extreme South-west, and am constantly seeing patients from other parts of the country, very many of them sent by physicians with whose own experience, as detailed to me in person or by letter, I am also acquainted. From these data, again, I am forced to the same result. You may have here in California an undue preponderance of deaths in men from aneurism, — you may have still, as in your earlier history, more than your share of fatal wounds, — but I cannot grant, as regards the morality of your women, unless I count those poor creatures from across the sea, inaptly termed "celestials," that they are one whit worse, at least so far as one can judge by the character of their diseases, than their Puritan Eastern cousins.

"Female Hygiene." There's a world of thoughtful meaning contained in these simple words. With the discussion of womanly characteristics, physical or mental, we have nothing now to do. Overwritten or understated, we may take them all for granted. In some points inferior to man, in others far above him, woman is in all of them governed by wholly different laws. While his physical life scarcely varies, from the cradle to the grave, save in its steady growth, culmination, and as steady decline, hers is a constant series of changes, from childhood to maidenhood and maturity; and as this period again is shortened to a term of but thrice ten years, the wife becomes aged while her companion may be still in his prime. Whether married or single, her life in its physical aspect is like the tides of the sea, ever ebbing and flowing in obedience to laws that, explain them as we may, are yet among the darkest mysteries over which the Creator has thrown his veil. The renewal of life, again by its transmission to offspring, and the physical changes undergone by the mother in supplying her child with its earliest food, — these all mark critical epochs in woman's history, each with its own host of diseases and dangers, all of which may to a certain extent be provided against, and all of which, in their general sanitary relations, deserve attention at your hands.

It were foolish to say that these are topics too abstruse for study, too sacred for discussion. If they were better understood, far more

infants would be born living, — and I here put aside all cases of criminal interference, which, according to evidence adduced by the President of your State Board of Health, Dr. Gibbons of San Francisco, is probably now as prevalent in California as in the Eastern States; far more children, especially girls, would be reared to maturity; far more women live to old age; far more marriages be happy; far fewer excuses or temptations exist for divorce. What subject, therefore, more practical, or more worthy the attention of a State Board of Health, to whose watchful care not a citizen but that may owe all that he holds most dear?

Very little has as yet been written concerning the subject of Female Hygiene that is at all philosophical or satisfactory; and the crudest notions prevail in the community, alike with regard to the causation of invalidism in women and the best means of its prevention. It has been stated by the author upon whose views concerning the character of your population I have taken the liberty of commenting, that much of the ill health prevailing among the women of one of your cities, San Francisco, — over and above what he explained so unpleasantly, — is attributable to the effort required in climbing its hills. This, however, even allowing for their former greater steepness, would apply with almost equal force to a residence anywhere in an uneven country, — to the dames of Albany, Boston and Quebec, of Valletta, Rome and Edinburgh. Fatigue of the kind referred to may, it is true, aggravate such diseases when already established from other causes, but mountaineer maids are fully as healthy as those of the lowlands; and, so far as regards the influence of participation, within any reasonable bounds, in the enjoyments of social life, there may be as much exposure to chill and over-fatigue in attendance upon the sober lecture or prayer-meeting as at the concert or ball, — as much mental and physical self-indulgence in the solitude of the cloister cell as in the haunts of gayety and pleasure.

From the inherent excessive delicacy of woman's organization, there exist a vast amount and as vast a variety of disease peculiar to herself, over and above those ordinary illnesses to which she is liable in common with man, but which themselves are liable to be simulated, masked and increased in virulence by the very influence of her sex. Take consumption, for instance. The sedentary life of women and their comparative seclusion from active out-of-door exercise, even in girlhood, render them more prone than men to a disease so dependent upon a low condition of constitutional vigor. But, in addition to this, it is found that while in men, making allowances for alternations of temperature and atmospheric moisture, and differences in diet, garb

and exercise, the lungs perform weekly, monthly and yearly, a certain average of work, — in woman the case is very different; there being with her what has been termed an accessory respiratory organ, one of whose duties it is to serve at regular intervals as an outlet of the carbonaceous waste, which, during the intervening periods, is in the main disposed of by the lungs; that is to say, in her the function of the lungs is a constantly varying element, within bounds which in themselves are liable to variation through disease, while in man it is always one and the same. In her, therefore, allowing for man's greater exposure to wet and chill while attending to his daily labor, the pulmonary system is far more liable to disturbance, derangement and local death.

And so, again, with gastric disease. In man, dyspepsia and the group of morbid affections of which this is but a symptom are usually the result of some lesion, more or less severe, and more or less persistent, of the stomach itself. In women, upon the contrary, the periodical changes which are regularly taking place within one portion of her visceral economy are liable, in case of any derangement, to make themselves felt, through the reflex influence of her nervous system, upon the other organs in their neighborhood, just as is so frequently seen, as the distant result of a healthy physiological process, namely, the nausea, and at times excessive vomiting, of gestation, which occurs long before the stomach can have felt any appreciable pressure from the organ primarily affected.

And so, also, with regard to the brain and nervous system. While women, like men, are subject to insanity from organic cerebral disease, and to paralysis following upon apoplexy and similar causes, and to convulsions, as the result of injury or exhaustion from hemorrhage, they present also a host of mental aberrations, that may be of the most general and terrific character, of paralyses the most complete, and spasmodic seizures the most distressing; all of which may be purely functional, from distant and often trivial irritations, whose existence is often unsuspected.

There is scarce a class of diseases, indeed, to which flesh is liable, that I might not in the same manner show to be more common in women than in men; and it will be seen, when their special and peculiar affections which so often underlie all the others, are also taken into consideration, that Female Hygiene is a much more important subject than might at first have been supposed.

Such being the case, you will permit me briefly to call your attention to the actual frequency and causation of the special affections to which I have alluded. In doing so I shall reproduce certain views

that I have elsewhere presented for the thoughtful consideration of medical men : —

" There are honest men in our profession who deny the frequency of these special diseases. Having eyes they see not, and even if they saw, they could not understand ; this being from no wilful fault of their own, but in consequence of defective training or erroneous methods of observation. There are others, equally honest in their purpose, who are deterred from making the necessary investigation, from a twofold timidity : fear of the ridicule of their fellows and of being misunderstood by their patients. There are others still, who, from jealousy, natural incompetency, the love of mischief, or ingrained malice, would keep from the laborer his most satisfying recompense, by stigmatizing the records of his cases as false or overdrawn, and as imaginary the diseases that they represent.

" It is to the honest sceptic, the still incredulous general practitioner, of whom the number is constantly growing less, that I now speak. No information on the subject is required by those whose duties lie more particularly among women. The evidence of statistics is not worth much, since pelvic examinations are seldom made during life, or after death, of perfectly healthy women, or those in reality considering themselves such ; but I venture no risk in asserting that the frequency of organic disease — and by this is meant noteworthy and important organic disease — is greatly underrated. Probably two out of every three women in New England, and the same remark applies to other parts of the country, require occasional treatment. Pelvic disease in women covers a range of lesions, vast in number and of very differing character. Identical symptoms may represent diseases intensely divergent. Antagonistic symptoms may represent an identity of disease. Graily Hewitt well has it, that the organs referred to have a life of their own, to a great extent independent of, while they so strongly control, the life, mental and physical, of the woman who carries them within her. A hundred cases side by side, and no two of them identical. Such is the experience of every gynæcologist. Since I entered the profession, and this is perhaps what no other man living can say, I have never once prescribed for a married woman with any, the slightest, pelvic symptoms, without a careful personal examination ; and while, in a small proportion of cases, there was found so healthful a local condition that it was possible to dismiss the pelvic region from all participation in treatment, in scores upon scores of other cases, where not the slightest suspicion had existed on the part of the patient that there was here any cause for anxiety, there was detected the grave, effective and real exciting cause of the

distant or apparently constitutional disorder previously recognized. It is a great mistake to suppose that the presence or character of every form of organic disease can be determined from its symptoms, or that such are always present where the disease exists. I have repeatedly found cancer in its advanced stages, when there had never been lancinating pain, metrorrhagia or fœtid discharge. Yet one or all of these are generally supposed necessary to the presence of malignant disease. We may have displacements sufficient to produce sterility, and yet apparently perfect health; infra-mammary pain, reflex in its causation, mistaken for cardiac or pulmonary disease; the most profound melancholy, supposed of religious origin, sending a patient to an insane asylum perhaps, when it is allowing to a pruritus dependent upon ascarides, but which the patient supposes a device of Satan for ensnaring her soul,—just as I have known a married woman, who had forgotten herself during the temporary absence of her husband for a week or two, commit suicide a few moments afterwards from remorse. We constantly see pelvic mistaken for intestinal inflammation, uterine fibroids for impacted scybala, and so forth, simply for the reason that the necessary measure of physical examination had not been resorted to, a neglect which, in affections of any other part of the body, would be, by ordinarily good physicians, pronounced malpractice.

"In advocating tactile exploration before essaying even medical treatment in cases that are probably pelvic in their character, it will be noticed that I advise it, unreservedly, in the instance of married women. For the unmarried, on the other hand, it should be reserved for cases whose pelvic character is evident, or where ordinary treatment has failed. If no local disease is found, a load of anxiety is lifted from both the physician and patient. If it is discovered to be present, doubt has been removed and the treatment is made decisive. These are matters purely of common sense. Thoughts of sex are the last that enter a pure mind when invalidism is present, and the more sensibly practical the physician, the greater his success and the more sure his reputation.

"It is strange that our younger men complain that the profession is more than full, when there is everywhere, in city and country alike, a wealth of legitimate and lucrative employment as yet almost unopened, awaiting the zeal of the special worker; the surest key, moreover, to the best general family practice.

"Granting that female diseases are more frequent than has been supposed, for he who seeks cannot but find, many are yet puzzled as to their causation; and these not merely mothers, who do not readily

understand how young girls can so often become the subjects of displacements and local inflammations, but physicians, who see in it all, as Dr. Nathan Allen, of Massachusetts, has done, a proof that our women are degenerating into barren shadows of their former selves, physically unable to become the mothers of men.* Such a view I consider mistaken. It might be shown that women are just as fruitful, provided they let themselves be so, as were the dames of a by-gone age.

"A great deal has been written about the causes of what has been termed the physical decline of American women, — an expression that conveys a false idea. I acknowledge the frequency, both positive and comparative, of ill-health among our women, but believe that a large portion of this is remediable, provided its causation were properly understood.

"Some of the elements of this computation have been fully appreciated: such as the effects of parturition, over-lactation, unbridled indulgence, undue mental and moral excitement, exposure to chill at certain critical periods, violent or prolonged muscular efforts, over-fatigue, excessive or unequal pressure from the clothing or from apparatus resorted to as remedial, and irritation from disordered function or abuse of other organs, as violent retching during vomiting, excessive constipation, etc.

"The same is true of the disproportionate development of the nervous as compared with the muscular system, — the result of an over-stimulating social atmosphere, prematurely entered. Increasing the ill conditions thus begun, come the influence of constrained and faulty positions long continued, whether standing, sitting, or recumbent; the use of high-heeled shoes, and of faulty leverage in dress, in addition to the faulty pressure therefrom already pointed out; while beyond this, and by no means least, there lie the reflex and sympathetic disturbances of the nervous system, produced by anterior, posterior and downward pressure upon the pelvic plexuses, from displacements or hypertrophies of the pelvic organs, or outgrowths from them.

"Other observers have attributed much of the infirmity observed, to the domestic appliances of modern civilization, such as the tier upon tier of lofty staircases characteristic of our city palaces; the furnace heat, heavily charged with gaseous poison, which makes of the dwelling a forcing-house, devoid generally of the great essentials of such, namely, sunshine and moisture; and the so universal barbarities in diet, only

* "The Law of Human Increase," Quarterly Journal of Psychological Medicine, April, 1868.

excelled by the haste with which the vile meals are swallowed. A craving for over-medication, or too active or constant medical treatment, is no unnatural consequence, and there can be no doubt that many of the means taken to cure disease in reality induce it or give rise to worse; such, for instance, as an indiscriminate and careless resort to sea-bathing, mineral springs, electro-galvanism and calisthenics. Inheritance plays, too, its part, and just as the taint of twin births often descends from parent to child, so, no doubt, does a tendency to many forms of local organic disease.

"The sewing machine, that compound of blessing and curse to woman, adds to the list of influences causative of disease, not only acting in several of the ways suggested, by the long-continued and constrained position and fatiguing of the pelvic muscles, but in another, not generally sufficiently appreciated, by which a mental and dangerous disquietude is originated and enhanced by the unintentional auto-stupration.

"There are causes, however, beyond and above these, recognized, a part of them, by a few who have seldom dared to breathe above a whisper what they yet know to exist. Several of them have been referred to by another authority, in an article remarkable for the boldness with which it was presented to the community, and its plain language.* Every word of the following extracts from the "Knickerbocker Magazine" will be acknowledged to be true. The writer is first speaking of the diseases of women resulting from criminal abortion, — an offence to whose study and prevention I have myself given a great deal of attention: —

"'The health of the mother,' remarks the gentleman, 'suffers materially from the violence done her system and from the shock to her nervous sense. Whether it is effected by powerful drugs or by mechanical and instrumental interference, the result is deleterious to the animal economy. The organs are often seriously lacerated, punctured, irritated or inflamed, producing temporary disease which threatens, and not unfrequently destroys, life, and also, when apparently cured, leaves the organs cicatrized, contracted, maimed, in distorted shapes and unnatural positions, in a state of subacute inflammation or chronic congestion, for all after years a source of pain and weakness, and a fruitful origin of neuralgia, disabilities and miseries. Be assured this is no exaggeration, for we cannot recall to mind an individual who has been guilty of this crime (for it must be called a crime under every aspect), who has not suffered for many years afterward in consequence; and when the health is finally

* Knickerbocker Magazine, January, 1860.

restored, the freshness of life is gone, and the vigor of mind and energy of body have forever departed. Languor and listlessness have become a second nature by habit.'

"What is true of the premature arrestment of pregnancy applies with equal force to the effect of measures for its prevention. Upon this point the authority referred to is equally direct in his remarks: —

" 'An overweening desire for luxury,' he says, 'for dress, fashion, or from simple indolence, — sometimes from a desire, which may be laudable, not to produce children to inherit constitutional disease, — induces many to take various precautionary measures against conception. We have heard clergymen state "that a man should control the size of his family, as much as a farmer his flock, and that he should not have a larger stock than he can house and feed; that this was in the power of any one; that the lower classes were overrunning with children, and the poorer the parents the more prolific they became." Yes, and the more healthy and vigorous! It is these women who do not pretend to guide the course of events, or make the laws of nature conform to their wishes, who are in health and actually doing the work of the world; while the wise in their own conceit are sufferers, invalids, and useless. The laws of nature and the necessities of our existence, implanted by an overruling Providence, cannot be contravened without detriment to the system. Local congestion, nervous affections and disabilities are the direct and indisputable result of the vicious means commonly employed by the community, who are so ignorant on all these matters, and who are, in fact, substituting for one imaginary difficulty, in prospect, a host of ills that will leave no rest or comfort to be found.'

"The same unsparing hand points to the frequency and evil consequences of a certain selfish habit in women which is, as I myself have elsewhere shown,* while itself often the result of some sympathetic neighboring physical excitation, and so not a vice, yet an important element in the causation of other local disease. Unattended by the special source of exhaustion accompanying the habit in the male, it induces nervous irritation rather than prostration, attaining often an intensity of indulgence undreamed of by anxious friends or the attending physician.

"I have not referred to the influence, whether direct or by inheritance, of the various forms of the loathsome specific diseases, for their frequency and their virulence in the female are far less with us than many alarmists would fain represent, — less, there is reason to believe, than obtains abroad.

* Western Journal of Medicine, August, 1867.

"Beyond and above all that has been said, it must not be forgotten that while, through the influence of the introduction of anæsthesia and the progress of obstetrical science, the pangs and perils of parturition have been lessened, and the chance also of its subsequent evils, as vesico-vaginal fistula, crural and other embolism, and pelvic inflammation, and while an increasing self-control in the masses has practically subjected Venus to Minerva, and while the restlessness of the age has endeavored to introduce into public and private life a third sex, that of masculine women, — there are causes still effective in inducing ill-health in our women which have been only indicated, and never as yet carefully studied. Such are long betrothals, attended as they so often are by hope realized and yet deferred, — for the physiology now taught in our schools gives the knowledge of much that were better then dispensed with; the too prevalent custom of avoiding lactation, lest it interfere with the requirements of fashion; and the fact, a very important one in this connection, that, thanks to improvements in sanitary science, the sickly children that in former times used to die in infancy are now many of them raised. The delicate girls that at puberty were mown down by phthisis as grass before the scythe, now many of them live to become wives and mothers, in their turn begetting frail and invalid offspring.

"I do not believe with certain authors that the healthy woman is the physical equal of the man in every respect; but I do believe that, while a host of pelvic aches and ills have grown into existence as the result of a change from the age of Force to that of Reason, there were in the old times behind us, that we are wrongly taught were golden, deaths without number from pelvic causes unsuspected, ovarian dropsies supposed ascitic, local organic hypertrophies, outgrowths and degenerations misnamed affections of the liver, and all sorts of disease from oversight or neglect by the physician, special in their causation, and wrongly designated as by the providence of God." *

From the above it will have been perceived that the whole subject of Female Hygiene is yet in its infancy; that the causes of ill-health may lurk undetected, the very possibility of their existence even not being appreciated; that formerly, as now, there were hosts of bed-ridden patients who might have been restored to society as active laborers for the common good, and of deaths that might have been postponed or prevented; that still there constantly occur the most serious errors of diagnosis, and consequently of treatment, trifling ailments being thought severe maladies, and the gravest affections

* Journal of the Gynæcological Society of Boston, July, 1869, p. 39.

but imaginary disease; that while some of the old causes of illness have been lessened or removed by the advancement of science, new ones have risen with that of a progressive civilization; and that feeble children, who formerly would have been lost, are now reared.

While a certain proportion of these prove hearty and strong, others of them, becoming the feeble mothers of a puny progeny, die early or linger into a wretched old age.

Do you ask me now to what practical result do these facts tend? Ask rather the judge on the bench, and he will tell you of causes innumerable wherein they have given character to the puzzling suit. Is it a divorce that is sought? "Incompatibility of temper" too often means an enfeebled body, no longer responsive to the claims of passion, — a mind perturbed by melancholy or jealous to the bounds of madness, — all from some simple physical disturbance that might or might not by care have been prevented. Is it a thief, or a drunkard, or a murderess — though the result of the late trial at San Francisco * shows that there is a limit to which such a defence can be permitted to be made — that has come before him for sentence? Ten chances to one there exists a morbid craving for wrong-doing, an incontrollable impulse, in itself a symptom of physical disease, and most likely more marked than at other times at certain critical physiological periods.

Or ask the clergyman, the comforter, to whom so many women unlock the secrets of their hearts. You shall learn of sorrows borne long in silence, and of physical and mental sufferings, to which death would be a pleasure, of whose existence the world does not dream. You shall be told of conflicts that have shaken faith, and of despair that has driven to suicide. They rested, nine in ten of them, upon a physical cause.

Do you put the question to the insurer against death? He will reply, if he understands the true meaning of those tables upon which his success depends, and more distinctly than has lately been done by Mr. Alexander Delmar, of New York, that all the averages, the simplest expectations of life, are fundamentally different in women as compared with men, and that the greater liability in the one sex to decease by accident or intentional homicide cannot safely balance the evil chances attending parturition, lactation and the climacteric. And if you ask the undertaker, he will confess that many a fair maid and many a gentle mother has he coffined and borne away to her mingling with dust, of whom he had heard it whispered, "This might not have been."

* That of Mrs. Fair, for the murder of her paramour.

Come now to the physician for his opinion; and if he be a thoughtful man, who believes that in order to remove the effects of a cause you must reach that cause itself, you will gain from him some useful hints.

Childbirth, he would tell you, should always be attended by the most competent nurse and the most skilful physician that can be obtained. A perfectly natural and physiological process that, in the large proportion of cases, progresses favorably without any aid, it is yet liable at any and every time, and under any and all circumstances, to the most terrible complications, during which a moment's delay or the slightest ignorance may prove fatal. Hence the necessity of approved attendants.

An anæsthetic, he would say again, goes far in childbed, when properly given, to increase the safety of both mother and child, as does also, afterwards, the process of suckling. Turning the breasts for a few months to their appointed use relieves organs long furnished with an excessive supply of blood, and lessens many a chance of subsequent ill-health and disease.

Infants, you would be told, should be allowed a certain amount of air and exercise. If treated at first more like animals and less like reasoning creatures, the mother's pride might suffer, but it would be more than compensated by a lasting joy in after years.

Girls, little and great, should be far more educated in body than at present, far less in mind. Proud, as every New Englander, of our system of common schools, I yet believe and acknowledge that many a delicate girl has been utterly ruined in body and mind by the mental overwork to which she has been subjected. Ambitious, for that runs in the New England blood; quick of perception, for that's a quality that comes from its clear atmosphere; spurred ever to attempt beyond one's strength, for such is the effect of our unrestful life, which must have the experience, bitter and sweet, of an old-fashioned year in each twenty-four hours, — is it a wonder that they early bloom and early fade, so many of them grown women at sixteen, old women at forty, wishing themselves out of the world at the very age life ought to be most comfortable at?

I do not here exaggerate. Study of this matter, as a member of the Boston School Committee in former years, led me to suspect what since then, in practice, I have constantly found to be true. And as for the teachers of these school maidens, a very large proportion of them early find themselves invalids, with overstrained nervous systems and frail bodies, which act and react abnormally, the one upon the other. To stimulate a girl's brain to the utmost, during the ac-

cess of puberty, is a positive loss to the State. There's likely to be one less healthful parent of a sound and vigorous offspring.

I shall not discuss the question of whether girls should best be educated at home or away; at boarding schools, academies, seminaries, colleges, or whatever the title of their distant place of abode. In some respects the same points would be found to obtain as with that other education which takes these tenderlings from the mother's watchful protection, to the mill, the shop, or the service of strangers. The hygienic risks and those to morality are, in number and importance, nearly equal in both cases; they are but too apt to go hand in hand. The terrible instincts, that a chance word or look may awake into activity, never again to be put at rest, — which, for the world's good, cause yet its greatest dangers, — are there always and everywhere. Happy she who, till the day of her change of name, never becomes conscious of their existence.

From the dawning of that day, however, — nay, from the time it is first looked forward to, — a host of hygienic questions troop upon the stage. The amount and the character of intimacy that is advisable, or even safe, so far as health is concerned, between young people who are affianced; whether marriages, in a sanitary light, are best made early or later in life; the advantage of pregnancy within the first year or two of wedlock; the care that should be taken of the woman during gestation, parturition and the puerperal state; the fearful risks of miscarriage, to life and to subsequent health, even where complete recovery seems for the time to have taken place; the so-called social evil, and the specious arguments by which the devil would tempt his victims to make its toleration seem a positive safeguard to the virtuous portion of the community, — these are all matters with which you have clearly to do, but to which I shall only refer. They are each of them of public importance, for of isolated instances the whole social communism consists. The extension of sanitary knowledge, and the demand its increase creates for a class of more highly educated physicians, who shall neither pander to the demands of vice, or of that sophistical pseudo-reason which now seeks politically to emasculate our men and to unsex our women, will by degrees set all these knotty questions at rest.

You have close at hand, in the territory so near — the gynæcological peculiarities of which I have just come to you from studying — the old social problem that so vexed the students of Female Hygiene in David's time. And yet, the openly avowed concubinage of Utah scarcely differs in some respects from that stealthily indulged in by a certain proportion of every civilized people that ever existed since the

world began. In the one case there is present a partial freedom from shame, based upon an avowed self-dedication to a religious impulse — in the other, fear of exposure; but then, in this, there may be ignorance that another shares the conjugal esteem — while in that, its open fractional subdivision begets, instinctively and inevitably, all manner of heart burnings. Each state has, in its way, its mental frets, its physical ills; each in its way furnishes material for the profoundest study to the medical scientist.

Gymnastics, now-a-days, bring on disease, and are appealed to to cure it in women. Dress — as ever since the days it first suggested itself to Eve — still adorns or deforms its wearer, still delights her mind; it may make, or it may cure, one or another form of disease. Enforced position, long continued — as at the piano, the business desk or at the counter — may mar, it but seldom makes, a perfect form. Horseback riding, so beneficial to some, at certain times or for certain indications, may at others, or under other circumstances, inflict irreparable injury. Sea-bathing, to some a tonic, is to others the worst of dangers. The voluptuous warm bath may cause, indulged in too frequently or incautiously, as perfect ruin to the health as slavery to opium or alcohol; and these, first taken for the relief of pain, and perhaps by the advice of a physician, may prove — they often do — a flight of steps descending to an early grave, or, far worse, to a prolonged death in life.

But let me stop here, for I fear that I may uncover miseries that perhaps were better hid, at least till the community more fully appreciate the value of what they already but partially know concerning Female Hygiene. Before they can do this, men must first value, better than ever yet has been done, woman herself. Not as a voter; her best franchise is through that of her husband. Has she none? Few women on earth, whether young or old, who may not marry, and marry well, if they but live a perfectly beautiful, loveable life.

Not as the rival of man. For partnership she was created — not for identity of work or of purpose. Not as the object of passion alone.

The state and its every citizen must value her as one entitled to the tenderest care and sympathy, without whom the world would be a wretched place, but who bears its heaviest burdens; whose hours of pain are tenfold — nay, a thousandfold — those of man; and this, not to mention the agony of childbirth, of whose exquisite poignancy he knows absolutely nothing, and which, were it not wrong to do so, might justly be said to approach more closely than can any other experience of mortals, the physical portion of the Passion upon the Cross. Does she seek sympathy, it is her due; or confess to suffering,

she is to be believed; or exhibit nervous disturbance, it is far more difficult to bear than mere pain would be; or at times seem capricious, unreasonable, or a severe and cruel despot? A fortunate woman she is, if her temper has never been tried, if her powers of mental endurance have never been overtaxed, if the angel within her has never been slighted or openly denied. What seems vice in woman, man alone is often to blame for. Where this is not the case, as often it is but disease.

As I said to you at the outset, it's the most delicate things that are the most precious. The very evil chances that so preponderate in the case of the health of the gentler sex should caution you to guard its members from every harm, with a more anxious care, a closer watchfulness, — appreciating the fact that every wise or kind act that men can do for the safety of the health of women is done in reality, and in the sense of simplest self-interest, well understood, for themselves.

Such, gentlemen of the California State Board of Health, and such, gentlemen and ladies of the community, is the highest lesson that I can teach you, — the fundamental law of Female Hygiene.

